

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755305

FILED
May 03, 2005
Secretary of State

Entity Name: SANDY COVE CONDOMINIUM ASSOCIATION OF SEMINOLE, INC.

Current Principal Place of Business:

564 ORANGE DR. #36
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

564 ORANGE DR. #36
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 59-2050866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ASC PROPERTY SERVICES INC.
PO BOX 196025
WINTER SPRINGS, FL 32719 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANGLOTZ, RICHARD
Address: 564 ORANGE DR APT 36
City-St-Zip: ALTAMONTE SPRGS, FL 32701

Title: SD () Delete
Name: FIRMAN, JOSEPH
Address: 564 ORANGE DR APT 36
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: WERNER, EDWARD A
Address: 564 ORANGE DR APT 36
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: HOSTETTER, SANDRA
Address: 564 ORANGE DR APT 36
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV () Delete
Name: HIGGINS, ALAN
Address: 564 ORANGE DR APT 36
City-St-Zip: ORLANDO, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FIRMANI, JOSEPH
Address: 564 ORANGE DR APT 36
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NORMAN, DEBBIE
Address: 564 ORANGE DR APT 36
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED HAYDEN

Electronic Signature of Signing Officer or Director

MGR

05/03/2005

Date