

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:41**

DOCUMENT # N02946 (4)
1. Corporation Name
SANDLEHEATH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
2055 WOOD STREET, SUITE 202 SARASOTA FL 34237

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/08/1984** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-2435929** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PROPERTY & ACCOUNTING MANAGEMENT, INC.
2055 WOOD STREET, SUITE 202
SARASOTA FL 34237**

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	PABIAN, JOAN
STREET ADDRESS	3376 SANDLEHEATH
CITY - ST - ZIP	SARASOTA FL
TITLE	TD
NAME	KINDER, WILLIAM
STREET ADDRESS	3352 SANDLEHEATH
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	CONNELLY, WILLIAM
STREET ADDRESS	3246 SANDLEHEATH
CITY - ST - ZIP	SARASOTA FL
TITLE	SD
NAME	STRAUSS, ERNEST
STREET ADDRESS	3209 SANDLEHEATH
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	CUETO, JOSEPH
STREET ADDRESS	3240 SANDLEHEATH
CITY - ST - ZIP	SARASOTA FL
TITLE	PD
NAME	FENTUCH, GEORGE
STREET ADDRESS	3310 SANDLEHEATH
CITY - ST - ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pabian, Joan
1.3 STREET ADDRESS	3376 Sandleheath
1.4 CITY - ST - ZIP	Sarasota, FL 34235
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sauls, Joseph
3.3 STREET ADDRESS	3336 Sandleheath
3.4 CITY - ST - ZIP	Sarasota, FL 34235
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Strauss, Ernest
4.3 STREET ADDRESS	3209 Sandleheath
4.4 CITY - ST - ZIP	Sarasota, FL 34235
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cueto, Joseph
5.3 STREET ADDRESS	3240 Sandleheath
5.4 CITY - ST - ZIP	Sarasota, FL 34235
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Snow, Harry
6.3 STREET ADDRESS	3164 Sandleheath
6.4 CITY - ST - ZIP	Sarasota, FL 34235

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W.R. Kinder 2/20/95 317-9910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)