

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02946 (4)**  
1. Corporation Name  
**SANDLEHEATH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2055 WOOD STREET.SUITE 202 SARASOTA FL 34237</b>	Mailing Address <b>2055 WOOD STREET.SUITE 202 SARASOTA FL 34237</b>
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3. Date Incorporated or Qualified <b>05/08/1984</b>	4. FEI Number <b>59-2438929</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PABIAN, JOAN	
STREET ADDRESS	3376 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KINDER, WILLIAM	
STREET ADDRESS	3352 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAULS, JOSEPH	
STREET ADDRESS	3336 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	STRAUSS, ERNEST	
STREET ADDRESS	3209 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CUETO, JOSEPH	
STREET ADDRESS	3240 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FENITUCH, GEORGE	
STREET ADDRESS	3319 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Schneider, Samuel	
1.3 STREET ADDRESS	3210 Sandleheath	
1.4 CITY-ST-ZIP	Sarasota, FL 34235	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wilson, Howard	
2.3 STREET ADDRESS	3107 Sandleheath	
2.4 CITY-ST-ZIP	Sarasota, FL 34235	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Horne, Joseph	
4.3 STREET ADDRESS	3352 Sandleheath	
4.4 CITY-ST-ZIP	Sarasota, FL 34235	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mercer, Henry	
5.3 STREET ADDRESS	3105 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	Totten, Walter, Jr.	
6.3 STREET ADDRESS	3185 Sandleheath	
6.4 CITY-ST-ZIP	Sarasota, FL 34235	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard E. Wilson 4/8/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # **0065439**

CR2E037 (10/97)