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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02946

1. Corporation Name

SANDLEHEATH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2055 WOOD STREET,SUITE 202
 SARASOTA FL 34237

Mailing Address

2055 WOOD STREET,SUITE 202
 SARASOTA FL 34237



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/08/1984	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Country	59-2438929	
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/>	
25	Country	30	Country	Applied For	
				Not Applicable	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

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				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, SAMUEL	1.2 NAME	Schneider, Samuel
STREET ADDRESS	3210 SANDLEHEATH	1.3 STREET ADDRESS	3210 Sandleheath
CITY-ST-ZIP	SARASOTA FL 34235	1.4 CITY-ST-ZIP	Sarasota, FL 34235
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, HOWARD	2.2 NAME	Zarder, Kenneth
STREET ADDRESS	3107 SANDLEHEATH	2.3 STREET ADDRESS	3377 Sandleheath
CITY-ST-ZIP	SARASOTA FL 34235	2.4 CITY-ST-ZIP	Sarasota, FL 34235
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAULS, JOSEPH	3.2 NAME	Pabian, Ed
STREET ADDRESS	3336 SANDLEHEATH	3.3 STREET ADDRESS	3376 Sandleheath
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	Sarasota, FL 34235
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, JOSEPH	4.2 NAME	
STREET ADDRESS	3352 SANDLEHEATH	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCER, HENRY	5.2 NAME	
STREET ADDRESS	3105 SANDLEHEATH	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTTEN, WALTER J	6.2 NAME	
STREET ADDRESS	3185 SANDLEHEATH	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Frederick M. Gilbert 4-6-99*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)