

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90172 046 \*\*\*\*61.25

**DOCUMENT # N02946**

1. Entity Name

**SANDLEHEATH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2055 WOOD STREET.SUITE 202  
 SARASOTA FL 34237

2055 WOOD STREET.SUITE 202  
 SARASOTA FL 34237-7929

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2438929**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SCHNEIDER, SAMUEL</b> <b>3210 SANDLEHEATH</b> <b>SARASOTA FL 34235</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>ZARDER, KENNETH</b> <b>3377 SANDELHEATH</b> <b>SARASOTA FL 34235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD</b> <b>PABIAN, ED</b> <b>3376 SANDELHEATH</b> <b>SARASOTA FL 34235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV</b> <b>HORNE, JOSEPH</b> <b>3352 SANDLEHEATH</b> <b>SARASOTA FL 34235</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <b>MERCER, HENRY</b> <b>3105 SANDLEHEATH</b> <b>SARASOTA FL 34235</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>TOTTEN, WALTER J</b> <b>3185 SANDLEHEATH</b> <b>SARASOTA FL 34235</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DT</b> <b>Abshier, Stanley</b> <b>3240 Sandleheath</b> <b>Sarasota, FL 34235</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PABIAN, Ed</b> <b>3376 Sandleheath</b> <b>Sarasota, FL 34235</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV</b> <b>Thompson, Alex</b> <b>3221 Sandleheath</b> <b>Sarasota, FL 34235</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KENNETH E. ZARDER**  
*Kenneth E Zarder 4/4/00 941-377-8150*

Date

Daytime Phone #

CR2E037 (9/99)