

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0075690

DOCUMENT # N02946

1. Entity Name

SANDLEHEATH CONDOMINIUM ASSOCIATION, INC.

04-09-2001 90062 039 ****61.25

Principal Place of Business

Mailing Address

2055 WOOD STREET,SUITE 202
 SARASOTA FL 34237

2055 WOOD STREET,SUITE 202
 SARASOTA FL 34237

C0043312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4983 Ringwood Meadow
 Suite, Apt. #, etc.

3. Mailing Address

4983 Ringwood Meadow
 Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

59-2438929

Applied For

Not Applicable

Zip

34235

Country

USA

Zip

34235

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **PAMI Management, Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
4983 Ringwood Meadow
 City **SARASOTA** FL Zip Code **34235**

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 **MELVIN RUBIN**

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	DT	<input type="checkbox"/> Delete
NAME	ABSHIER, STANLEY	
STREET ADDRESS	3240 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZARDER, KENNETH	
STREET ADDRESS	3377 SANDELHEATH	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PABIAN, ED	
STREET ADDRESS	3376 SANDELHEATH	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DV	<input type="checkbox"/> Delete
NAME	THOMPSON, ALEX	
STREET ADDRESS	3221 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MERCER, HENRY	
STREET ADDRESS	3105 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Box, Dale	
STREET ADDRESS	3218 Sandleheath	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee, James	
STREET ADDRESS	3219 Sandleheath	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thompson, Alex	
STREET ADDRESS	3221 Sandleheath	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Stan Abshier, 4-4-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)