


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90101 015 \*\*\*\*61.25

**DOCUMENT # N02946**

1. Entity Name  
**SANDLEHEATH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**4983 RINGWOOD MEADOW  
 SARASOTA, FL 34235**

Mailing Address  
**4983 RINGWOOD MEADOW  
 SARASOTA, FL 34235**


2. Principal Place of Business  
*5037 Ringwood Meadow*

3. Mailing Address  
*5037 Ringwood Meadow*

Suite, Apt. #, etc. *B* Suite, Apt. #, etc. *B*

City & State City & State

Zip Country Zip Country



01112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2438929** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PAMI MANAGEMENT, INC.**  
~~4983 RINGWOOD MEADOW~~ *5037 Ringwood Meadow 'B'*  
**SARASOTA, FL 34235**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZELLER, BARBARA	
STREET ADDRESS	3304 SANDLE HEATH	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	DV	<input type="checkbox"/> Delete
NAME	COMORA, OWEN	
STREET ADDRESS	3310 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONRY, KENNETH	
STREET ADDRESS	3156 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	NEUMANN, ALICE	
STREET ADDRESS	3212 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOX, DALE	
STREET ADDRESS	3218 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JOY	
STREET ADDRESS	3216 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *KE CONRY* *4/13/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #