


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

0057547

05-07-2003 90164 025 ****61.25

DOCUMENT # N02946
1. Entity Name
SANDLEHEATH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
4983 RINGWOOD MEADOW **4983 RINGWOOD MEADOW**
SARASOTA FL 34235 **SARASOTA FL 34235**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
PAMI MANAGEMENT, INC.
4983 RINGWOOD MEADOW
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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

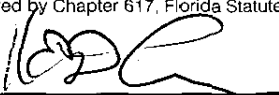
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ZELLER, BARBARA	
STREET ADDRESS	3304 SANDLE HEATH	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BOX, DALE	
STREET ADDRESS	3218 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LEE, JAMES	
STREET ADDRESS	3218 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MERCER, HANK	
STREET ADDRESS	3105 SANDLEHEATH	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, ALEX	
STREET ADDRESS	3221 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	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Comora, Owen	
STREET ADDRESS	3310 Sandleheath	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Conry, Kenneth	
STREET ADDRESS	3156 Sandleheath	
CITY-ST-ZIP	Sarasota, FL 34235	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neumann, Alice	
STREET ADDRESS	3212 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: **SIGNATURE REQUIRED** 

CR2E037 (10/02)