


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35775 (8)
1. Corporation Name
SANDY COVE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 4391 N DIXIE HWY SUITE 4 BOCA RATON FL 33431	Mailing Address 4391 N DIXIE HWY SUITE 4 BOCA RATON FL 33431
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3. Date Incorporated or Qualified 12/22/1989	
4. FEI Number 65-0165967	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owner has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business 396 DRIFTWOOD TERRACE Suite, Apt. #, etc.	22. Mailing Address 396 DRIFTWOOD TERRACE Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent
RATHMANNER, CLIFF
4391 N DIXIE HWY #1 396 DRIFTWOOD TERRACE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME RATHMANNER, CLIFF	1.1 TITLE <input type="checkbox"/> DELETE	1.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4391 N DIXIE HWY #1 396 DRIFTWOOD TERR.	CITY-ST-ZIP BOCA RATON FL 33431	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP 396 DRIFTWOOD TERRACE
TITLE SVTD	NAME HILDEBRANT, V.H.	2.1 TITLE <input type="checkbox"/> DELETE	2.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4391 N DIXIE HWY #1 2098 MOUNTS ROAD	CITY-ST-ZIP BOCA RATON FL 33431 MORROW, OHIO 45152	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP MORROW, OHIO 45152
TITLE D	NAME RATHMANNER, WILLIAM	3.1 TITLE <input type="checkbox"/> DELETE	3.2 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4391 N DIXIE HWY #1 396 DRIFTWOOD TERR.	CITY-ST-ZIP BOCA RATON FL 33431	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP 396 DRIFTWOOD TERRACE
TITLE	NAME	4.1 TITLE <input type="checkbox"/> DELETE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE <input type="checkbox"/> DELETE	5.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE <input type="checkbox"/> DELETE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	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.

SIGNATURE: *Cliff Rathmanner* **4-1-98 (561) 395-4014**

CR2E037 (10/97)