FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N35775

SANDY COVE TOWNHOMES CONDOMINIUM ASSOCIATION, IN

Principal Place of Business
396 DRIFTWOOD TERR
Suite 1
BOCA RATON FL 33431
US

Mailing Address

396 DRIFTWOOD TERR SUITE 1

BOCA RATON FL 33431

FILED Mar 08, 1999 8:00 am § Secretary of State

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2. Principal Pl	ace of Business	2a. Mailing Address			Date Incorporated or Qualifed
آه		26			12/22/1989
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number Applied For
22	,, 0.0.	27			65-0165967 Not Applicable
City & State	•	City & State			5. Certificate of Status Desired \$8.75 Additional
23		28			Fee Required
Zip	Country	Zip	Country	i	6. Election Campaign Financing \$5.00 May Be
24	25	29 30	5		Trust Fund Contribution Added to Fees
<u></u> 1	9. Name and Address of Curren	it Registered Agent			10. Name and Address of New Registered Agent
			81	Name	RATHMANNER CLIFF Address (P.O. Box Number is Not Acceptable)
RATHMAN	NER, CLIFF		82	Street Ac	Address (P.O. Box Number is Not Acceptable)
4331 N DI	•			ت	396 DRIFTWOOD TERRACE
#1			83		
	TON FL 33431		84	City	85 Zip Code
	_			B''	BOCA RATON FL 33431
office or re agent. I a	to the provisions of Sections 617.050 agistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was auth tions of, Section 617.0503, Florida	the above orized by a Statutes	e-named co the corpora i.	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, types or printed name or registered ager	nt and title if applicable. (NOTE: Re	gistered Age	nt signature req	quired when reinstating) DATE
12.	1	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	≥ DELETE	1.1 TITLE		PD Change Addition
NAME	RATHMANNER, CLIFF		1.2 NAME	1	WILSON, RICHARD LANE
STREET ADDRESS	396 DRIFTWOOD TERR		1.3 STREE	T ADDRESS	230 MARTINS LANE
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-S	ST-ZIP	MENIA. PA 19063-5853
TITLE	SVTD	X DELETE	2.1 TITLE		V D
NAME	HILDEBRANT, V.H.	-	2.2 NAME		VD KING, BEN 3400 TAMIAMITRAIL NORTH #101
	-		į.	TADDRESS	TAMIAMI TRAIL NORTH 4101
STREET ADDRESS	2098 MOUNTS ROAD		2.4 CITY-S		
CITY-ST-ZIP	MORROW OH 45152	DELETE	3.1 TITLE	31-219	STO DrChange Addition
TITLE	D DATEMANNED WALLAND	24 5222.12	3.2 NAME		STD Dichange Addition BEUTLER, JOAN 12 LOGGING ROAD 12 LOGGING ROAD 14 LOGGING ROAD 14 LOGGING ROAD
NAME	RATHMANNER, WILLIAM		i	T + DDDDE00	BEUIZE ROAD
STREET ADORESS	396 DRIFTWOOD TERR			T ADDRESS	KATONAH, NY 10536
CITY-ST-ZIP	BOCA RATON FL 33431	☐ DELETE	3.4. CITY-5	ST-ZIP	Change Addition
TITLE		□ DELETE			
NAME			4. 2 NAME	1	
STREET ADDRESS				TADDRESS	· ·
CITY- \$T-ZIP			4.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE	1	Country Addition
NAME			5.2 NAME		
STREET ADDRESS				TADORESS	
CITY-ST-ZIP	A14421		5.4 CITY- S	IT- ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		•
STREET ADDRESS			6.3 STREE	TADDRESS	

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

2/20/99 9:14-962-1360