

DOCUMENT # N35775

FILED
Apr 20, 2000 8:00 am
Secretary of State

03-07-2000 90097 018 ****61.25

1. Entity Name

SANDY COVE TOWNHOMES CONDOMINIUM ASSOCIATION, IN

Principal Place of Business

Mailing Address

396 DRIFTWOOD TERR
SUITE 1
BOCA RATON FL 33431
US

396 DRIFTWOOD TERR
SUITE 1
BOCA RATON FL 33431-8259
US

2. Principal Place of Business

75000 Overseas Hwy.

3. Mailing Address

6621 NE 21 DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Islamorada, FL 330

FORT LAUDERDALE, FL

4. FEI Number

65-0165967

Applied For

Not Applicable

Zip

Country

Zip

Country

33036

U.S.A.

33308

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RATHMANNER, CLIFF
396 DRIFTWOOD TERRACE
BOCA RATON FL 33431

Name

SCOTT ANDREW

Street Address (P.O. Box Number is Not Acceptable)

6621 NE 21 DR.

City

FT. LAUDERDALE

FL

Zip Code
33308

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

Scott Andrew SCOTT ANDREW

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, RICHARD 230 MARTINS LANE MEDIA PA 19063-5853	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAMES LITTLE 542 Pine Point AARON, OHIO 44333	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEUTLER, JOAN 12 LOGGING RD KATONAH NY 10536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Greg Friedman 4618 N. Dover Street Chicago, IL 60680	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Richard Wilson 230 Martins Lane Media, PA 19063-5853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Joan Beutler 16 Sail Harbour Drive New Fairfield, CT 06812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Margaret Wilson 230 Martins Lane Media, PA 19063-5853	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Scott Andrew **UNRECORDED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

DATE

954 275-0441

Daytime Phone #

CR2E037 (9/99)