

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90092 030 ****61.25

DOCUMENT # N35775

1. Entity Name

SANDY COVE TOWNHOMES CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business

75000 OVERSEAS HWY.
 ISLAMORADA FL 33036
 US

Mailing Address

6621 NE 21 DRIVE
 FORT LAUDERDALE FL 33308
 US

2. Principal Place of Business

75000 OVERSEAS HWY

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL

Zip 33036 Country USA

3. Mailing Address

6621 NE 21 DR.

Suite, Apt. #, etc.

City & State

FT. LAUD, FL

Zip 33308 Country US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0165967

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW, SCOTT
 6621 NE 21 DR
 FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name **SCOTT ANDREW**
 Street Address (P.O. Box Number is Not Acceptable)
6621 NE 21 DR
 City **FT. LAUD** 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*

1/23/02

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	WILSON, RICHARD	
STREET ADDRESS	230 MARTINS LANE	
CITY-ST-ZIP	MEDIA PA 19063-5853	
TITLE	D	<input type="checkbox"/> Delete
NAME	LITTLE, JAMES	
STREET ADDRESS	542 PINE PT	
CITY-ST-ZIP	AKRON OH 44333	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEUTLER, JOAN	
STREET ADDRESS	16 SAIL HARBOUR DR	
CITY-ST-ZIP	NEW FAIRFIELD CT 06812	
TITLE	P	<input type="checkbox"/> Delete
NAME	FRIEDMAN, GREG	
STREET ADDRESS	4618 N DOVER ST	
CITY-ST-ZIP	CHICAGO IL 60680	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WILSON, MARGARET	
STREET ADDRESS	230 MARTINS LANE	
CITY-ST-ZIP	MEDIA PA 19063-5853	
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		<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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/02

Date

954-275-0441

Daytime Phone #

CR2E037 (9/01)