

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90052 001 ****61.25

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01082007 No Chg-NP CR2E037 (4/06)

DOCUMENT # N35775 1. Entity Name SANDY COVE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 75000 OVERSEAS HWY ISLAMORADA, FL 33036 US	Mailing Address 2771 N E 9TH CT POMPANO BEACH, FL 33062 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0165967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW, SCOTT
2771 N E 9TH CT
POMPANO BEACH, FL 33062

**DO NOT WRITE
IN THIS SPACE**

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: DATE: 2/16/07

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITTLE, JIM 542 PINE POINT DR AKRON, OH 44333	DUNSON, LES P.O. Box 589 WINTER HAVEN, FL 33882
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDREW, SCOTT 2771 N E 9TH CT POMPANO BEACH, FL 33062	BET, SUSAN # 1 FINANCIAL PLAZA 201 FT. LAUD, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VID DUNSON, LES P.O. BOX 589 WINTER HAVEN, FL 33882	ANDREW, SCOTT 2771 N E 9 CT. POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEGGY WILSON, DIOR 230 MARTINS LANE MEDIA, PA 19063	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUH, LOUISE 19 KATYDID LN HANSON, MA 02341	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNSON, LES P.O. Box 589 WINTER HAVEN, FL 33882	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: DATE: 2/22/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR