


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90033 012 ****61.25

DOCUMENT # N35775

1. Entity Name
SANDY COVE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business
75000 OVERSEAS HWY ISLAMORADA, FL 33036 US

Mailing Address
2771 N E 9TH CT POMPANO BEACH, FL 33062 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

70000100



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0165967

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

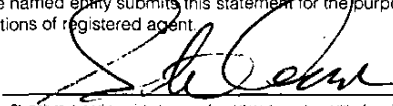
6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 **1/26/08**

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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNSON, LES P O BOX 589 WINTER HAVEN, FL 33882	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELT, SUSAN 1 FINANCIAL PLAZA #201 FORT LAUDERDALE, FL 33394	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D ANDREW, SCOTT 2771 NE 9 CT POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, PEGGY 230 MARTINS LANE MEDIA, PA 19063	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUH, LOUISE 19 KATYDID LN HANSON, MA 02341	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNSON, LES P O BOX 589 WINTER HAVEN, FL 33882	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Pres DATE **1/26/08** DAYTIME PHONE # **863 293-9888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR