

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:30

DOCUMENT # 725866 (8)
1. Corporation Name
SANDY COVE 3 ASSOCIATION, INC.

Principal Place of Business Mailing Address
1801 GLENGARY STREET 1801 GLENGARY STREET
SARASOTA FL 34231-0606 SARASOTA FL 34231-0606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/20/1973** 3a. Date of Last Report **04/25/1994**
4. FEI Number **59-1706447** Applied For ☐
Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONDOMINIUM MANAGEMENT, INC
1801 GLENGARY STREET
SARASOTA, FL
SARASOTA FL 34231-0603

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent sig. nature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **FINDLAY, THALIA T**
STREET ADDRESS **217 PASS KEY RD**
CITY - ST - ZIP **SARASOTA FL** ✓
TITLE **VD**
NAME **ENGELBRECHT, GLEN**
STREET ADDRESS **219 PASS KEY RD**
CITY - ST - ZIP **SARASOTA, FL 00000** ✓
TITLE **SD**
NAME **KENNEDY, MARK S** **S+D**
STREET ADDRESS **122 PASS KEY RD**
CITY - ST - ZIP **SARASOTA FL** ✓
TITLE **D**
NAME **LAUDY, YVE**
STREET ADDRESS **216 PASS KEY RD**
CITY - ST - ZIP **SARASOTA, FL 00000**
TITLE **D**
NAME **HOROWITZ, KATHY**
STREET ADDRESS **201 SAYRE DR**
CITY - ST - ZIP **PRINCETON NJ** ✓
TITLE **AT**
NAME **CLARK, PAUL R JR**
STREET ADDRESS **1801 GLENGARY ST**
CITY - ST - ZIP **SARASOTA FL** ✓

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

SEE ATTACHED

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Paul R. Clark, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/95 **921-4481 x12**
DATE (Typed Name)

SC3

Sandy Cove 3 Association, Inc.

725866

Page: 1

Date Printed: 3/21/95

Manager ED

Local Address

Alternate Address

P/D

Mrs. Thalia T. Findlay
217 Pass Key Road
Sarasota, FL 34242 ✓

V/D

Mr. Glen Engelbrecht
219 Pass Key Road
Sarasota, FL 34242 ✓

S/T/D

Mr. Mark S. Kennedy
122 Pass Key Road
Sarasota, FL 34242 ✓

D

Ms. Kathy C. Horowitz
201 Sayre Drive
Princeton, N.J. 08540 ✓

D

Ms. Valerie Williams
220 Pass Key Road
Sarasota, FL 34242 ✓ 134

A/S

P. Richard Clark
1801 Glengary Street
Sarasota, FL

A/T

Paul R. Clark, Jr.
1801 Glengary Street
Sarasota, FL ✓