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APPROVED AND FILED

95 APR 26 AM 11:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 722666 (5)

1. Corporation Name
SANDY COVE 2 ASSOCIATION, INC.

Principal Place of Business: **200 S WASHINGTON BLVD. SUITE #4 SARASOTA FL 34236 US**

Mailing Address: **200 S WASHINGTON BLVD. SUITE #4 SARASOTA FL 34236 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/14/1972** 3a. Date of Last Report: **03/29/1994**

4. FEI Number: **59-1510120** 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: **21**

2a. Mailing Address: **26**

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

City & State: **23** City & State: **28**

Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

**MA-CON INC
WARREN WEIL
200 S WASHINGTON BLVD.
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reconstituting) _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **PD**
NAME: **PATERSON, NORMAN I.**
STREET ADDRESS: **213 PASS KEY RD**
CITY-ST-ZIP: **SARASOTA FL**

TITLE: **VD**
NAME: **HENDRY, ANNETTE**
STREET ADDRESS: **202 PASS KEY ROAD**
CITY-ST-ZIP: **SARASOTA FL**

TITLE: **SD**
NAME: **KRAFT, BILL**
STREET ADDRESS: **112 PASS KEY RD**
CITY-ST-ZIP: **SARASOTA FL**

TITLE: **TD**
NAME: **BAXTER, RICHARD**
STREET ADDRESS: **207 PASS KEY ROAD**
CITY-ST-ZIP: **SARASOTA FL**

TITLE: **D**
NAME: **MCDONAUGH, LINDA**
STREET ADDRESS: **103 PASS KEY RD**
CITY-ST-ZIP: **SARASOTA FL**

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: **D** 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: **STD** Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE: **PD** Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE: Change Addition

5.2 NAME: **McDonagh, Linda**

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

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 119.07(3)(b), 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: ANNETTE HENDRY 4/20/95 (813)957-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Before Filing #