

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90005 041 ****61.25

DOCUMENT # 725866

1. Entity Name

SANDY COVE 3 ASSOCIATION, INC.



Principal Place of Business

**C/OARGUS PROPERTY MGMT
P.O. BOX 25065
SARASOTA FL 34277
US**

Mailing Address

**C/OARGUS PROPERTY MGMT
P.O. BOX 25065
SARASOTA FL 34277
US**

34010010



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1706447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGUS PROPERTY MANAGEMENT INC.
2477 STICKNEY POINT ROAD, SUITE 118A
SARASOTA FL 34231**

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

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
Due By May 1, 2004**

**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

TITLE **TD** ☒ **Delete**
NAME **MCALLISTER, JOAN**
STREET ADDRESS **218 PASS KEY ROAD**
CITY- ST- ZIP **SARASOTA FL 34242**

TITLE **D** ☐ **Delete**
NAME **BOGGESE, BLAKE**
STREET ADDRESS **215 PASS KEY ROAD**
CITY- ST- ZIP **SARASOTA FL 34242**

TITLE **VP** ☐ **Delete**
NAME **RUFF, JUDY**
STREET ADDRESS **116 PASS KEY ROAD**
CITY- ST- ZIP **SARASOTA FL 34242**

TITLE **VD** ☐ **Delete**
NAME **CARRO, EDUARDO M**
STREET ADDRESS **217 PASS KEY ROAD**
CITY- ST- ZIP **SARASOTA FL 34242**

TITLE **P** ☐ **Delete**
NAME **JOHNSON, PATRICK**
STREET ADDRESS **216 PASS KEY ROAD**
CITY- ST- ZIP **SARASOTA FL 34242**

TITLE **P** ☐ **Delete**
NAME **MENDES, MANVELLA**
STREET ADDRESS **118 PASS KEY RD**
CITY- ST- ZIP **SARASOTA FL 34242**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ **Change** ☐ **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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-184 941
927-6461**