INGS, FL 32714			
g Address:			
147 SPRINGS, FL 32716 US			
9-2050866		Certificate of Status Desi	red: No
dress of Current Registered Agent:			
TY ASSOCIATION MANAGEMENT TE DRIVE INGS, FL 32714 US			
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.			
TINA YAMADA			04/15/2019
Electronic Signature of Registered Agent			Date
or Detail :			
RESIDENT	Title	VP	
IGGINS, ALAN	Name	DANE, NELSON	
.O. BOX 162147	Address	P.O. BOX 162147	
	g Address: 47 SPRINGS, FL 32716 US 9-2050866 dress of Current Registered Agent: TY ASSOCIATION MANAGEMENT TE DRIVE MINGS, FL 32714 US tity submits this statement for the purpose of changing its regist TINA YAMADA Electronic Signature of Registered Agent or Detail : RESIDENT IGGINS, ALAN	g Address: 147 SPRINGS, FL 32716 US 39-2050866 dress of Current Registered Agent: TY ASSOCIATION MANAGEMENT TE DRIVE MINGS, FL 32714 US tity submits this statement for the purpose of changing its registered office or registered TINA YAMADA Electronic Signature of Registered Agent or Detail : RESIDENT Title IGGINS, ALAN Name	g Address: 147 SPRINGS, FL 32716 US 69-2050866 dress of Current Registered Agent: TY ASSOCIATION MANAGEMENT TE DRIVE MAGS, FL 32714 US tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flow TINA YAMADA Electronic Signature of Registered Agent or Detail : RESIDENT Title IGGINS, ALAN Name

City-State-Zip:

City-State-Zip:

Title

Name

Address

ALTAMONTE SPRINGS FL 32716

ALTAMONTE SPRINGS FL 32716

TREASURER

LANGLOTZ, RICHARD

P.O. BOX 162147

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755305

Entity Name: SANDY COVE CONDOMINIUM ASSOCIATION OF SEMINOLE, INC.

Current Principal Place of Business:

City-State-Zip: ALTAMONTE SPRINGS FL 32716

SECRETARY

DIRECTOR

ALFORD, JIM P.O. BOX 162147

JUSTICE, RICK

P.O. BOX 162147

ALTAMONTE SPRINGS FL 32716

ALTAMONTE SPRINGS FL 32716

Title

Title

Name

Address

Name

Address

City-State-Zip:

City-State-Zip:

225 S. WESTMONTE DRIVE SUITE 3310 ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

SIGNATURE: ALAN HHIGGINS

PRESIDENT

04/15/2019

Electronic Signature of Signing Officer/Director Detail

FILED Apr 15, 2019 Secretary of State 3989725816CC

Date