

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90001 029 ****61.25

DOCUMENT # 710480 1. Entity Name SANDY COVE ASSOCIATION, INC.			
Principal Place of Business 1282 4TH STREET SARASOTA, FL 34236		Mailing Address C/O ACTION ASSOCIATION MANAGEMENT, INC 1282 4TH STREET SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 22 SANDY COVE RD Suite, Apt. #, etc.		3. Mailing Address BETH CALLANS MANAGEMENT CORP 595 BAY ISLES RD, Suite 200 Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State Longboat Key, Florida	
Zip 34242	Country	Zip 34228	Country
4. FEI Number 59-1195342		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIETER, THOMAS A 1282 4TH STREET SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name BETH CALLANS MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 595 BAY ISLES ROAD Suite 200 City Longboat Key FL Zip Code 34228	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 VP NAME SINCLAIR, CAROL STREET ADDRESS 27 SANDY COVE RD CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE PRES NAME SPRATT, SUNDY STREET ADDRESS 34 SANDY COVE RD CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PRES NAME MICHELSON, ELLEN STREET ADDRESS 3A SANDY COVE ROAD CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Delete	TITLE V.P NAME YAGER, DAVID STREET ADDRESS 23A SANDY COVE RD CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JONES, SUSAN STREET ADDRESS 38 SANDY COVE ROAD CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE SECRETARY NAME WONG, KEYE STREET ADDRESS 45 SANDY COVE RD CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME WONG, KEYE STREET ADDRESS 45 SANDY COVE RD. CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE D NAME SINCLAIR, CAROL STREET ADDRESS 27 SANDY COVE RD CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MAYCLIN, PETER STREET ADDRESS 25 SANDY COVE RD. CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE D NAME MAYCLIN, PETER STREET ADDRESS 25 SANDY COVE RD CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME YAGER, DAVID STREET ADDRESS 23A SANDY COVE RD CITY-ST-ZIP SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE D NAME Hostetler, Robert STREET ADDRESS 22-203 SANDY COVE RD CITY-ST-ZIP SARASOTA, FL 34242	<input checked="" 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6-5-08 (941) 387-3443 <small>Daysime Phone #</small>	