

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710480

FILED
Apr 17, 2009
Secretary of State

Entity Name: SANDY COVE ASSOCIATION, INC.

Current Principal Place of Business:

22 SANDY COVE RD
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

BETH CALLONS MGMT CORP
595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

BETH CALLANS MGMT CORP
595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228

FEI Number: 59-1195342

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETH CALLANS MGMT
595 BAY ISLES RD
STE 200
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SPRATT, SANDY
Address: 34 SADNY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

Title: V () Delete
Name: YAGER, DAVID
Address: 23A SANDY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

Title: TRS () Delete
Name: WONG, KEYE
Address: 45 SANDY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

Title: D () Delete
Name: SINCLAIR, CAROL
Address: 27 SANDY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

Title: D () Delete
Name: MAYCLIN, PETER
Address: 25 SANDY COVE RD.
City-St-Zip: SARASOTA, FL 34242 US

Title: D () Delete
Name: HOSTETLER, ROBERT
Address: 22-203 SANDY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SPRATT, SANDY
Address: 34 SANDY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MAGNUS, MARILYN
Address: 7 SANDY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

Title: S (X) Change () Addition
Name: MICHAELSON, ELLEN
Address: 3A SANDY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BETH CALLANS MANAGEMENT CORP.

RA

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date