

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710480

FILED
Apr 02, 2010
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 CALLANS MGMT CORP
595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228

New Mailing Address:

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
Name: SPRATT, SANDY
Address: 34 SANDY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

Title: V
Name: BECKER, DEAN
Address: 45 SANDY COVE RD
City-St-Zip: SARASOTA, FL 34242 US

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

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

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

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

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: SANDY SPRATT

P

04/02/2010

Electronic Signature of Signing Officer or Director

Date