
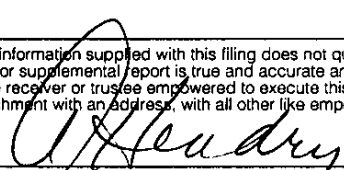


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90137 032 \*\*\*\*61.25

DOCUMENT # 722666			
1. Entity Name SANDY COVE 2 ASSOCIATION, INC.			
Principal Place of Business CMI-PROGRESSIVE COMMUNITY MGMT. 1801 GLENGARY ST SARASOTA, FL 34231 US		Mailing Address CMI-PROGRESSIVE COMMUNITY MGMT. 1801 GLENGARY ST SARASOTA, FL 34231 US	
2. Principal Place of Business Dellcor Management Suite, Apt. #, etc. 310 Pearl Avenue City & State Sarasota FL		3. Mailing Address Dellcor Management Suite, Apt. #, etc. 310 Pearl Avenue City & State Sarasota FL	
Zip 34243		Country	
Zip 34243		Country	
4. FEI Number 59-1510120		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DELLCOR MANAGEMENT INC 310 PEARL AVENUE SARASOTA, FL 34243		7. Name and Address of New Registered Agent 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 _____ <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 May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD CAPOBIANCO, GIACOMO 212 PASS KEY RD SARASOTA, FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Robert Horowitz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 104 Pass Key Road Sarasota FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PATERSON, NORMAN 213 PASS KEY ROAD SARASOTA, FL 34242 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kevin Millard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 102 Pass Key Road Sarasota FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRAFT, WILLIAM 112 PASS KEY RD SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Tackas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 103 Pass Key Road Sarasota FL 34242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRY, ANNETTE 202 PASS KEY RD SARASOTA, FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 941 358-3366	

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