

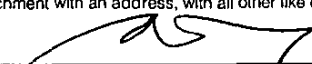


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90101 010 ****61.25

DOCUMENT # 722666			
1. Entity Name SANDY COVE 2 ASSOCIATION, INC.			
Principal Place of Business DELLCOR MANAGEMENT 310 PEAL AVE SARASOTA, FL 34243 US		Mailing Address DELLCOR MANAGEMENT 310 PEAL AVE SARASOTA, FL 34243 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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: <u>Argus Property Mgmt., Inc</u> Street Address (P.O. Box Number is Not Acceptable): <u>2477 Stickney Point Rd #118A</u> City: <u>Sarasota</u> FL Zip Code: <u>34231</u>	
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: 		DATE: <u>6-14-06</u>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: HOROWITZ, ROBERT STREET ADDRESS: 104 PASS KEY ROAD CITY-ST-ZIP: SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE: <u>President</u> NAME: <u>Debbie Tinney</u> STREET ADDRESS: <u>110 Pass Key Road</u> CITY-ST-ZIP: <u>Sarasota, FL 34242</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MILLARD, KEVIN STREET ADDRESS: 102 PASS KEY ROAD CITY-ST-ZIP: SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE: <u>Vice President</u> NAME: <u>William Cook</u> STREET ADDRESS: <u>107 Pass Key Road</u> CITY-ST-ZIP: <u>Sarasota, FL 34242</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: KRAFT, WILLIAM STREET ADDRESS: 112 PASS KEY RD CITY-ST-ZIP: SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE: <u>SAME</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HENDRY, ANNETTE STREET ADDRESS: 202 PASS KEY RD CITY-ST-ZIP: SARASOTA, FL 34242	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: TACKAS, WILLIAM STREET ADDRESS: 103 PASS KEY ROAD CITY-ST-ZIP: SARASOTA, FL 34242	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		<input 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: 		DATE: <u>6-14-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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06132006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-1510120 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6-14-06