


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90045 045 \*\*\*\*61.25

**DOCUMENT # 722666**  
 1. Entity Name  
**SANDY COVE 2 ASSOCIATION, INC.**



60028556



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 - No P.O. Box #  
**2477 Stickney Pt Rd**

3. Mailing Address  
**2477 Stickney Pt Rd**

Suite, Apt. #, etc.  
**Ste 118A**

Suite, Apt. #, etc.  
**Ste 118A**

03062007 Chg-NP CR2E037 (12/06)

City & State  
**Sarasota, FL**

City & State  
**Sarasota, FL**

Zip  
**34231**

Country

Zip  
**34231**

Country

4. FEI Number  
**59-1510120**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ARGUS PROPERTY MGMT INC**  
**2477 STICKNEY POINT RD STE 118A**  
**SARASOTA, FL 34231**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE <b>SD</b>	NAME <b>TINNEY, DEBBIE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>110 PASS KEY RD</b>	CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	
TITLE <b>VP</b>	NAME <b>COOK, WILLIAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>107 PASS KEY RD</b>	CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	
TITLE <b>D</b>	NAME <b>TACKAS, WILLIAM</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>103 PASS KEY ROAD</b>	CITY-ST-ZIP <b>SARASOTA, FL 34242</b>	
TITLE <b>VP</b>	NAME <b>Wayne Vent</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>Pass Key Rd #204</b>	CITY-ST-ZIP <b>Sarasota FL 34241</b>	
TITLE <b>D</b>	NAME <b>Norman Patterson</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>Pass Key Rd #213</b>	CITY-ST-ZIP <b>Sarasota FL 34242</b>	
TITLE <b>AS</b>	NAME <b>Walt Hammending</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>2477 Stickney Point Rd</b>	CITY-ST-ZIP <b>Sarasota FL 34231</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME <b>Annette Henchry</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>Pass Key Rd #203</b>	CITY-ST-ZIP <b>Sarasota FL 34243</b>	<b>PRES.</b>
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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 **3-7-07** Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR