


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90015 025 ****61.25

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



Principal Place of Business Mailing Address
2477 STICKNEY PT. RD. **2477 STICKNEY PT. RD.**
STE 118A **STE 118A**
SARASOTA FL 34231 **SARASOTA FL 34231**
US **US**

40058036



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number Applied For
59-1510120 Not Applicable

Zip Country Zip Country

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: *Randy Shaw* DATE: 2/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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	SD	<input type="checkbox"/> Delete
NAME	TINNEY, DEBBIE	
STREET ADDRESS	110 PASS KEY RD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	P	<input type="checkbox"/> Delete
NAME	HENDRY, ANNETTE	
STREET ADDRESS	PASS KEY RD #203	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	TACKAS, WILLIAM	
STREET ADDRESS	103 PASS KEY ROAD	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VERI, WAYNE	
STREET ADDRESS	PASS KEY RD. #204	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, NORMAN	
STREET ADDRESS	PASS KEY RD. #213	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HAMMERING, WALT	
STREET ADDRESS	2477 STIRGNEY POINT RD STE 118A	
CITY-ST-ZIP	SARASOTA FL 34231	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERI, WAYNE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *W. Hamming* DATE: 2/19/08