

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722666

FILED
Apr 15, 2009
Secretary of State

Entity Name: SANDY COVE 2 ASSOCIATION, INC.

Current Principal Place of Business:

2477 STICKNEY PT. RD.
STE 118A
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

2477 STICKNEY PT. RD.
STE 118A
SARASOTA, FL 34231 US

New Mailing Address:

SUNVAST MANAGEMENT
381 INTERSTATE BLVD
SARASOTA, FL 34240 US

FEI Number: 59-1510120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SUNVAST MANAGEMENT
381 INTERSTATE BLVD
SARASOTA, FL 34240 US

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: SUNVAST MANAGEMENT

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: TINNEY, DEBBIE
Address: 110 PASS KEY RD
City-St-Zip: SARASOTA, FL 34242

Title: P () Delete
Name: HENDRY, ANNETTE
Address: PASS KEY RD #203
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: TACKAS, WILLIAM
Address: 103 PASS KEY ROAD
City-St-Zip: SARASOTA, FL 34242

Title: VD () Delete
Name: VERT, WAYNE
Address: PASS KEY RD. #204
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: PATTERSON, NORMAN
Address: PASS KEY RD. #213
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TINNEY, DEBBIE
Address: 110 PASS KEY RD
City-St-Zip: SARASOTA, FL 34242

Title: T (X) Change () Addition
Name: HENDRY, ANNETTE
Address: PASS KEY RD #202
City-St-Zip: SARASOTA, FL 34242

Title: S (X) Change () Addition
Name: TACKAS, WILLIAM
Address: 5436 EMDEN OAKS LANE
City-St-Zip: TOLEDO, OH 43623

Title: D (X) Change () Addition
Name: VERT, WAYNE
Address: PASS KEY RD. #204
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH TINNEY

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date