

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90415 047 ****61.25

DOCUMENT # 725866

1. Entity Name

SANDY COVE 3 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2477 STICKNEY POINT RD. #118A
SARASOTA FL 34231
US

2477 STICKNEY POINT RD. #118A
SARASOTA FL 34231
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1706447

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGUS PROPERTY MANAGEMENT INC.
2477 STICKNEY POINT ROAD, SUITE 118A
SARASOTA FL 34231

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/9/07

DATE

FILE NOW: 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	D	<input checked="" type="checkbox"/> Delete
NAME	BOGGESE, BLAKE	
STREET ADDRESS	215 PASS KEY ROAD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RUFF, JUDY	
STREET ADDRESS	116 PASS KEY ROAD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ENGELBRECHT, GLEN	
STREET ADDRESS	229 PASSKEY RD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, PATRICK	
STREET ADDRESS	216 PASS KEY ROAD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE	X	<input type="checkbox"/> Delete
NAME	MENDES, MANVELLA	
STREET ADDRESS	118 PASS KEY RD	
CITY-STATE-ZIP	SARASOTA FL 34242	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Labzon	
STREET ADDRESS	221 PASS KEY RD	
CITY-STATE-ZIP	Sarasota, FL 34242	
TITLE	Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mendes, Manuella	
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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:

Patrick Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07