

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726423

FILED
Jul 20, 2004
Secretary of State**Entity Name:** MATECUMBE SANDY COVE ASSOCIATION, INC.**Current Principal Place of Business:**4300 SE ST LUCIE BLVD #38
STUART, FL 34997 US**New Principal Place of Business:**4300 SE ST LUCIE BLVD
#38
STUART, FL 34997 US**Current Mailing Address:**5210 SE SEASCAPE WAY
APT. 3
STUART, FL 34997 US**New Mailing Address:**4300 SE ST. LUCIE BLVD
#38
STUART, FL 34997 US**FEI Number:** 59-1565255**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALLEN, DAVID G.
4685 PONCE DE LEON
CORAL GABLES, FL 33146 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILBERT, SUE
Address: 4160 NW 9TH CT
City-St-Zip: COCONUT CREEK, FL 33066

Title: VPD () Delete
Name: TOMPKINS, LARRY
Address: 2100 TOUHY
City-St-Zip: PARK RIDGE, IL 60068

Title: D () Delete
Name: DUNWELL, RON
Address: 4226 SCENIC DR.
City-St-Zip: WHITEHALL, MI 49461

Title: T () Delete
Name: BAILEY, DEMMA
Address: 5210 SE SEASCAPE WAY #3
City-St-Zip: STUART, FL 34997

Title: E () Delete
Name: KRAEMER, MARY ANN
Address: 200 HARBORVIEW DR
City-St-Zip: TAVERNIER, FL 33070

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WARD, JENNIFER
Address: 106 BAYVIEW DRIVE
City-St-Zip: ISLAMORADA, FL 33036

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

Title: D (X) Change () Addition
Name: MONTESINO, ALINA
Address: 6931 SW 155TH AVE
City-St-Zip: MIAMI, FL 33193

Title: T (X) Change () Addition
Name: BAILEY, DEMMA
Address: 4300 SE ST. LUCIE BLVD, #38
City-St-Zip: STUART, FL 34997

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

Title: E () Change (X) Addition
Name: TIMOTHY, AURIT
Address: 106 BAYVIEW DRIVE
City-St-Zip: ISLAMORADA, FL 33036

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DEMMA Z. BAILEY

T

07/20/2004

Electronic Signature of Signing Officer or Director

Date