


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90114 009 \*\*\*\*61.25

<b>DOCUMENT # 726826</b> 1. Entity Name <b>SANDY COVE OF LAKE LAND A CONDOMINIUM, INC.</b>					
Principal Place of Business <b>141 FERNERY ROAD, BOX 68 LAKE LAND, FL 33809</b>			Mailing Address <b>141 FERNERY ROAD, BOX 68 LAKE LAND, FL 33809</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1514603</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HARKINS, WM. R EA</b> <del>56620 US HWY 98</del> <b>NORTH SUITE B</b> <b>LAKE LAND, FL 33809</b>			Name Street Address (P.O. Box Number is Not Acceptable) <b>5600 U.S. 98 N.</b> <b>SUITE #1</b> City <b>LAKE LAND</b> <b>FL</b> Zip Code <b>33809</b>		
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 <u><i>Wm R Harkins</i></u> DATE <u>3/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>FIGERT, SCOTT</b> <b>141 FERNERY ROAD # 10 B-2</b> <b>LAKE LAND, FL 33809</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>WHITE, JUDY</b> <b>141 FERNERY ROAD # 2- A1</b> <b>LAKE LAND, FL 33809</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>PAT PAWLOWSKI</b> <b>141 FERNERY RD # 20-C-4</b> <b>LAKE LAND FL</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>WATSON, BETTY</b> <b>141 FERNEY ROAD BOX 39 E-7</b> <b>LAKE LAND, FL 33809</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33809</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>TOLEDO, ELIAZABETH</b> <b>141 FERNERY ROAD # 28 D-4</b> <b>LAKE LAND, FL 33809</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <b>BERRY, FRANK</b> <b>141 FERNERY ROAD # 20 C-4</b> <b>LAKE LAND, FL 33809</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ST. JOHN, LISA</b> <b>141 FERNERY ROAD # 63 H-7</b> <b>LAKE LAND, FL 33809</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Wm R Harkins</i></u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____		