2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729544

FILED Mar 30, 2010 Secretary of State

Entity Name: SANDY COVE 4 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4920 FRUITVILLE RD 1282 4TH ST.

SARASOTA, FL 34232 SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

4920 FRUITVILLE RD 1282 4TH ST.

SARASOTA, FL 34232 SARASOTA, FL 34236

FEI Number: 59-2267737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MA-CON, INC ACTION ASSOCIATION MANAGEMENT, INC.

4920 FRUITVILLE RD 1282 4TH ST.

SARASOTA, FL 34232 US SARASOTA, FL 34236 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: THOMAS A. DIETER 03/30/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD

Name: DUFFETT, JEAN

Address: 4900 OCEAN BLVD., #101 City-St-Zip: SARASOTA, FL 34242

Title: PD

 Name:
 MOHAN, RICHARD

 Address:
 4900 OCEAN BLVD #303

 City-St-Zip:
 SARASOTA, FL 34242

Title: D

 Name:
 WALKER, MICHAEL MD

 Address:
 4900 OCEAN BLVD #+202

 City-St-Zip:
 SARASOTA, FL 34242

Title: TD

Name: FORD, MARY

Address: 4900 OCEAN BLVD #202 City-St-Zip: SARASOTA, FL 34242

Title: SD

 Name:
 CATES, JUDITH

 Address:
 4900 OCEAN BLVD 304

 City-St-Zip:
 SARASOTA, FL 34242

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. DIETER RA 03/30/2010