

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90079 024 ****61.25

DOCUMENT # N35775

1. Entity Name
**SANDY COVE TOWNHOMES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**75000 OVERSEAS HWY
ISLAMORADA, FL 33036 US**

Mailing Address
**2771 N E 9TH CT
POMPANO BEACH, FL 33062 US**



DO NOT WRITE IN THIS SPACE

01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0165967

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDREW, SCOTT
2771 N E 9TH CT
POMPANO BEACH, FL 33062**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHUH, RICK 19 KATYDID LN HANSON, MA 02341	LITTLE, Jim 542 PINE POINT DRIVE AKRON OHIO 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDREW, SCOTT 2771 N E 9TH CT POMPANO BEACH, FL 33062	DUNSON, LES P.O. Box 589 WINTER HAVEN, FL 33882
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILSON, MARGARET 230 MARTINS LN MEDIA, PA 19063	SCHUH, LOUISE 19 KATYDID LANE HANSON MASSACHUSETTS 02341
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIEDMAN, GREG 4618 N DOVER ST CHICAGO, IL 60640	ANDREW, SCOTT 2771 NE 9TH CT. POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUH, LOUISE 19 KATYDID LN HANSON, MA 02341	WILSON, DICK 230 MARTINS LANE MEDIA, PENNSYLVANIA 19063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNSON, LES P.O. Box 589 WINTER HAVEN, FL	33882

**DO NOT WRITE
IN THIS SPACE**

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:

James E Little PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/06 330 745 6088
Date Daytime Phone #