

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004778 (3)

1. Corporation Name

SAND LAKE COVE, INC.



Principal Place of Business

1051 WINDERLEY PLACE, STE. 307
MAITLAND FL 32751

Mailing Address

1051 WINDERLEY PLACE, STE. 307
MAITLAND FL 32751

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HOLZHAUER, GREGORY L
250 PARK AVE. SOUTH, STE. 500
WINTER PARK FL 32789

3. Date Incorporated or Qualified

01/13/1995

3a. Date of Last Report

4. FEI Number

59-3290420

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81

Name
ELLSWORTH G. GALLIMORE

82

Street Address (P.O. Box Number is Not Acceptable)
1051 WINDERLEY PLACE

83

SUITE 307

84

City
MAITLAND

FL

85

Zip Code
32751

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Ellsworth G. Gallimore

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

NOTE: Registered Agent signature required when reinstating

April 22, 96

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
GALLIMORE, ELLSWORTH G
1051 WINDERLEY PLACE, STE. 307
MAITLAND FL 32751

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D
GALLIMORE, SHIRLEY P
1051 WINDERLEY PLACE, STE. 307
MAITLAND FL 32751

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

☐ DELETE

TITLE
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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

☐ Change ☒ Addition

LOUISE A. WARD
1051 WINDERLEY PLACE, STE. 307
MAITLAND, FL 32751

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3000001797468
-04/29/96--01020--031
***200.00

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.26

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louise A. Ward

Date

4/12/96

(407) 667-0100

Daytime Phone #

CR2E034 (12/95)