2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90378 030 ****61.25

DOCUMENT # 745754

1. Entity Name
SANDTREE HOME OWNERS ASSOCIATION, INC.

b00644440

Principal Place of Business	Mailing Address
CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR., STE. 109 PALM BEACH GARDENS, FL 33403	CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR., STE. 109 PALM BEACH GARDENS, FL 33403

02212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
ACCT. DEPT INC	
Suite, Apt. #, etc.: 185 E. INDIANTOWN Rd. STE 127	Suite, Apt. #, etc.
City & State: JUPITER, FL	City & State
Zip: 33477 Country: USA	Zip Country

4. FEI Number 59-2044022 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONALD, DONNA CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR., STE. 109 PALM BEACH GARDENS, FL 33403	Name: ACCOUNTING DEPT. INC (LINDA MAGGIO) C/O Street Address (P.O. Box Number is Not Acceptable): 185 E. INDIANTOWN Rd. STE 127 City: JUPITER FL Zip Code: 33477

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: Linda Maggio
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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCARLETT, DENISE 920 SANDTREE DR PALM BCH GARDENS, FL 33403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT CHERYL ROBINSON 510 SANDTREE DRIVE PALM BEACH GARDENS FL 33403 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRICKLAND, GARY 413 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LINDA MAGGIO 903 SANDTREE DR. PALM BCH. GARDENS, FL 33403 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, CHRISTINE 407 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELOUIS, FRED 822 SANDTREE DR WEST PALM BEACH, FL 33403	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MEHALKO, JOHN 826 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERTS, WENDY 410 SANDTREE DRIVE PALM BEACG GARDENS, FL 33403	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Linda Maggio LINDA MAGGIO 3/31/06 561 622-1239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #