2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90431 046 ****61.25

DOCUMENT # 745754

1. Entity Name
SANDTREE HOME OWNERS ASSOCIATION, INC.

40090179

Principal Place of Business	Mailing Address
ACCT. DEPT INC 185 E INDIANTOWN RD., SUITE 127 JUPITER, FL 33477	826 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403 US

01042007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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

ACOUNTING DEPARTMENT, INC
C/O ANGEL NARLINGER
185 E INDIANTOWN RD., SUITE 127
JUPITER, FL 33477

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	P COLOMBO, LINDA 819 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS MCGEE, ISAAC 804 Sandtree Dr. T-S Palm Beach Gardens, FL 33403	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V EL-MAAYERGY, TIA 824 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FOUNTAIN, LAUREN 506 SANDTREE DR P.B.G FL 33403 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS NARLINGER, ANGEL B 820 SANDTREE DR PALM BEACH GARDENS, FL 33403	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBERTS, DENISE 911 SANDTREE DR P.B.G FL 33403 S	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MEHALKO, JOHN 826 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GIVENS, ANNA 906 SANDTREE DR P.B.G FL 33403 D	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERT, ROXANNE 322 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEBLASIO, VICTORIA VP 411 SANDTREE DR P.B.G. FL. 33403	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAGGIO, LINDA 903 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEUCHARAN, RON 808 SANDTREE DR P.B.G, FL. 33403 D	☐ 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: JOHN MEHALKO PRS. 4-24-07 (561) 371-1754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #