

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 30 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # N02825 (0)**  
1. Corporation Name  
**SAND DRIFT VILLAS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1688 BREAKERS WEST BLVD.  
WEST PALM BEACH FL 33411  
US** **1688 BREAKERS WEST BLVD.  
WEST PALM BEACH FL 33411-1867  
US**

3. Date Incorporated or Qualified **04/30/1984** 3a. Date of Last Report **01/31/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-2408504</b>	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	29. Zip	30. Country	

**9. Name and Address of Current Registered Agent**  
**BAILEY, GEORGE  
1150-A SAND DRIFT WAY  
WEST PALM BEACH FL 33411**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BAILEY, GEORGE</b>	
STREET ADDRESS	<b>1150-A SAND DRIFT WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CICCHINI, NINO</b>	
STREET ADDRESS	<b>1121-D SAND DRIFT WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	<b>LEGANZA, LEONARD</b>	
STREET ADDRESS	<b>1111-B SAND DRIFT WAY</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33411</b>	
TITLE	ASTD	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, BARBARA</b>	
STREET ADDRESS	<b>107 HERON PARKWAY</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Davis*

CP2E037 (9/96)