FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:05

DOCUMENT # N03450 (6)

1. Corporation Name

SANDALWOOD ESTATES TOWNHOUSE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7181 COLLEGE PARKWAY FT. MYERS FL 33907	P.O. BOX 07309 FT. MYERS FL 33919

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1984
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2739943 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ ***$68.75*** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WARD, THOMAS H
7181 COLLEGE PARKWAY
STE. 18
FT. MYERS FL 33907

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D ☐ Change ☐ Addition
NAME	BELL, ERNEST III	1.2 NAME	Pasquale, Julius
STREET ADDRESS	8829 SOMERSET CT.	1.3 STREET ADDRESS	1413 S.E. 26th Terrace
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	Cape Coral, Florida 33904
TITLE	VD	2.1 TITLE	V/P ☐ Change ☐ Addition
NAME	DINKO, AMIEL	2.2 NAME	Bell, Ernest III
STREET ADDRESS	12922 SANDPOINT CT.	2.3 STREET ADDRESS	8829 Somerset Blvd.
CITY-ST-ZIP	FT. MYERS FL 33919	2.4 CITY-ST-ZIP	Fort Myers, Florida 33919
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	MAUNZ, MARY JO	3.2 NAME	Maunz, Mary Jo
STREET ADDRESS	8515 SOMERSET BLVD	3.3 STREET ADDRESS	8515 Somerset Blvd.
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Ft. Myers, Florida 33919
TITLE	PD	4.1 TITLE	T/D ☐ Change ☐ Addition
NAME	PASQUALE, JULIUS	4.2 NAME	Kozlowski, Nancy
STREET ADDRESS	1413 SE 26TH TERR.	4.3 STREET ADDRESS	12960 Sandpoint Ct.
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	Fort Myers, Fl.33919
TITLE	TD	5.1 TITLE	D ☐ Change ☐ Addition
NAME	MCCLURE, STEVE	5.2 NAME	Dinko, Amiel
STREET ADDRESS	13548 CHERRY TREE CT	5.3 STREET ADDRESS	19331 Congressional Ct.
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	North Fort Myers, Fl. 33903
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: E.S. Bell III 2-15-95 (813) 482-0747
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

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