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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N03450** **(6)**

1. Corporation Name

SANDALWOOD ESTATES TOWNHOUSE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8890 SOMERSET BLVD. FT. MYERS FL 33919	8890 SOMERSET BLVD. FT. MYERS FL 33919

3. Date Incorporated or Qualified: 06/05/1984

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Sandalwood Estates	26 Same
Suite, Apt. #, etc. 22 8890 Somerset Blvd	Suite, Apt. #, etc. 27 Same
City & State 23 Ft Myers	City & State 28 Same
Zip 24 33919	Zip 29 33919
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

SHUE, FREDERICK J
8890 SOMERSET BLVD.
FT. MYERS FL 33919

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 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 Frederick J. Shue JANUARY 5, 1998
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	1.1 TITLE	ANDREW ATKINSON	☒ Change ☐ Addition
NAME	BELL, ERNEST III		1.2 NAME	Vice President	
STREET ADDRESS	8829 SOMERSET CT.		1.3 STREET ADDRESS	12923 Elm Creek Ct	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PASQUALE, JULIUS		2.2 NAME		
STREET ADDRESS	1413 SE 26TH TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BORGHI, ELEANOR		3.2 NAME		
STREET ADDRESS	12967 CHEERYDALE CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTOPH, KIMBERLY		4.2 NAME		
STREET ADDRESS	1460 CLARET COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		4.4 CITY-ST-ZIP		
TITLE	Director	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Ron Baen Cord		5.2 NAME		
STREET ADDRESS	5973 Somerset Blvd		5.3 STREET ADDRESS		
CITY-ST-ZIP	Ft. Myers, FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: SIGNATURE REQUIRED Paul Pasquale 1/5/98 941-574-6345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 941 482-5881