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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

104514-90111-22

DOCUMENT # N03450

1. Corporation Name

SANDALWOOD ESTATES TOWNHOUSE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SANDALWOOD ESTATES 8890 SOMERSET BLVD FTMYERS FL 33919 US	SANDALWOOD ESTATES 8890 SOMERSET BLVD FTMYERS FL 33919 US

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

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

4. FEI Number: 59-2739943 — ☐ Applied For ☑ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

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 ______________________________ 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	VP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ATKINSON, ANDREW		1.2 NAME	
STREET ADDRESS	12923 ELM CREEK CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 3399		1.4 CITY-ST-ZIP	
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	SD ☒ Change ☐ Addition
NAME	CHRISTOPH, KIMBERLY		4.2 NAME	MRS DEBORAH KUNST
STREET ADDRESS	1460 CLARET COURT		4.3 STREET ADDRESS	12927 ELM Creek CT
CITY-ST-ZIP	FT. MYERS FL 33919		4.4 CITY-ST-ZIP	Fort myers, FL 33919
TITLE	D	☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	CORD, RON B		5.2 NAME	MRS. JEAN ZAMBRANA
STREET ADDRESS	8973 SOMERSET BLVD.		5.3 STREET ADDRESS	8991 Somerset BLVD
CITY-ST-ZIP	FT. MYERS FL		5.4 CITY-ST-ZIP	FT Myers, FL 33919
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	

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, with all other like empowered.

SIGNATURE Julius Pasquale (signature) JULIUS PASQUALE President JAN 8/1999 941-482-5881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)