## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jan 13, 2000 8:00 am DOCUMENT # **N03450 Secretary of State** SANDALWOOD ESTATES TOWNHOUSE HOMEOWNERS' ASSOCIA 01-13-2000 90016 033 \*\*\*\*61.25 Mailing Address Principal Place of Business SANDALWOOD ESTATES SANDALWOOD ESTATES 8890 SOMERSET BLVD 8890 SOMERSET BLVD COOS317 FTMYERS FL 33919 FTMYERS FL 33919-4852 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2739943 Not Applicable Zip Country **\$8.75** Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - - 6. - Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SHUE, FREDERICK J 8890 SOMERSET BLVD. FT. MYERS FL 33919 Zip Code FL 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE Change VΡ ☐ Delete TITLE NAME ATKINSON, ANDREW NAME STREET ADDRESS STREET ADDRESS 12923 ELM CREEK CT CITY-ST-7IF CITY-ST-ZIP FORT MYERS FL 3399 Change Addition ☐ Delete TITLE NAME NAME PASQUALE, JULIUS STREET ADDRESS STREET ADDRESS 1413 SE 26TH TERR. CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Change TITLE Delete NAM SAND POINT CT NAME BORGHI, ELEANOR STREET ADDRESS STREET ADDRESS 12967 CHEERYDALE CT CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL ☐ Addition Delete TITLE KUNST, DEBORAH NAME TREET ADDRESS STREET ADDRESS 12927 ELM CREEK CT URE COTA CITY-ST-ZIE CITY-ST-ZIP FT. MYERS FL 33919 TITLE Change ☐ Addition みらか Delete TITLE ZAMBRANA, JEAN NAME STREET ADDRESS STREET ADDRESS 8991 SOMERSET BLVD CITY-ST-7/F CITY-ST-7IP FT. MYERS FL 33919 ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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: SILLING ON CONTROL OF CONTROL OF

Res Julius Pasquale JAN62000