

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90037 048 ****61.25

DOCUMENT # N03450

1. Entity Name

SANDALWOOD ESTATES TOWNHOUSE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**SANDALWOOD ESTATES
8890 SOMERSET BLVD
FTMYERS FL 33919
US**

Mailing Address

**SANDALWOOD ESTATES
8890 SOMERSET BLVD
FTMYERS FL 33919
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2739943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **ATKINSON, ANDREW**
STREET ADDRESS **12923 ELM CREEK CT**
CITY-ST-ZIP **FORT MYERS FL 3399**

TITLE **PD** ☐ Delete
NAME **PASQUALE, JULIUS**
STREET ADDRESS **1413 SE 26TH TERR.**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **VD** ☐ Delete
NAME **VANCE, ROO**
STREET ADDRESS **12921 MEADOWOOD CT**
CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE **VP** ☐ Delete
NAME **PELLERITO, PETER**
STREET ADDRESS **3730 SW 14TH PLACE**
CITY-ST-ZIP **CAPE CORAL FL**

TITLE **SD** ☐ Delete
NAME **ZAMBRANA, JEAN**
STREET ADDRESS **8991 SOMERSET BLVD**
CITY-ST-ZIP **FT. MYERS FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **JEAN EGLESTON** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Julius Pasquale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-482-5881