

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90028 006 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 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 SHUE, FREDERICK J 8890 SOMERSET BLVD. FT. MYERS FL 33919					
7. Name and Address of New Registered Agent 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 _____ DATE _____ (Signature, typed or printed name, of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing))					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ATKINSON, ANDREW 12923 ELM CREEK CT FORT MYERS FL 3399 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PASQUALE, JULIUS 1413 SE 26TH TERR. CAPE CORAL FL ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ROY, LEISHA 12924 MEADOWOOD CT FORT MYERS FL 33919 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ECCLESTON, JEAN 8991 SOMERSET BLVD FORT MYERS FL 33919 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD EGGLESTON JEAN ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LESSER, JARRAD 3977 SOMERSET BLVD FORT MYERS FL 33919 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* **Julius Pasquale 3/26/08 239 482-5551**