

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03450

FILED
Feb 15, 2010
Secretary of State

Entity Name: SANDALWOOD ESTATES TOWNHOUSE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

SANDALWOOD ESTATES
8890 SOMERSET BLVD
FTMYERS, FL 33919 US

New Principal Place of Business:

SANDALWOOD ESTATES
8890 SOMERSET BLVD
FT. MYERS, FL 33919 US

Current Mailing Address:

SANDALWOOD ESTATES
8890 SOMERSET BLVD
FTMYERS, FL 33919 US

New Mailing Address:

SANDALWOOD ESTATES
8890 SOMERSET BLVD
FT. MYERS, FL 33919 US

FEI Number: 59-2739943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
12140 CARISSA COMMERCE COURT
#200
FT. MYERS, FL 33966 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: ATKINSON, ANDREW
Address: 8890 SOMERSET BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: P
Name: BELL, ERNEST
Address: 8890 SOMERSET BLVD.
City-St-Zip: FORT MYERS, FL 33919 US

Title: D
Name: ROY, LEISHA
Address: 8890 SOMERSET BLVD.
City-St-Zip: FORT MYERS, FL 33919 US

Title: S
Name: MCCLURE, STEPHEN
Address: 8890 SOMERSET BLVD
City-St-Zip: FORT MYERS, FL 33919 US

Title: T
Name: O'NEILL, CHARLES
Address: 8890 SOMERSET BLVD.
City-St-Zip: FORT MYERS, FL 33919 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN MC CLURE

S

02/15/2010

Electronic Signature of Signing Officer or Director

Date