

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90060 050 ****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
Sandalwood Estates
Suite, Apt. #, etc.
8890 Somerset BLVD
City & State
FT Myers FL
Zip
33919
Country
US

3. Mailing Address
Suite, Apt. #, etc.
Same
City & State
FT Myers FL
Zip
33919
Country
US



☐ CHECK HERE IF MAKING CHANGES

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$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	TD ATKINSON, ANDREW 12923 ELM CREEK CT FORT MYERS FL 33999 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PASQUALE, JULIUS 1413 SE 28TH TERR. CAPE CORAL FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VANCE, ROOT 12921 MEADOWOOD CT FORT MYERS FL 33919 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.P. is a Director ☒ Change ☐ Addition Same NAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PELLERITO, PETER 3730 SW 14TH PLACE CAPE CORAL FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAMBRANA, JEAN 8991 SOMERSET BLVD FT. 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 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: *[Signature]* **239482-5881**
DATE: **JAN 6 2003**

CR2E037 (10/02)