

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23829

FILED  
Apr 15, 2005  
Secretary of State

**Entity Name:** THE VILLAGE OF SANDELWOOD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7986 SANDEL WOOD CIRCLE  
FORT MYERS, FL 33908 US

**New Principal Place of Business:**

7899 SANDEL WOOD CIR W  
FORT MYERS, FL 33908 US

**Current Mailing Address:**

27299 RIVERVIEW CENTER BLVD.  
SUITE 102  
BONITA SPRINGS, FL 34134 US

**New Mailing Address:**

7899 SANDEL WOOD CIR W  
FORT MYERS, FL 33908 US

FEI Number: 65-0122799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINER, STEVE  
ROETZEL & ADDRESS  
2320 FIRST STREET  
FORT MYERS, FL 339013419 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: P ( ) Delete  
Name: GANIM, VALERIE MS  
Address: 7935 SANDEL WOOD CIRCLE W  
City-St-Zip: FORT MYERS, FL 33908 US

Title: V/S ( ) Delete  
Name: EDWARDS, TOM MR  
Address: 7986 SANDEL WOOD CIRCLE W  
City-St-Zip: FORT MYERS, FL 33908 US

Title: T ( ) Delete  
Name: TOMASZEWSKI, MARY ALICE MRS  
Address: 7899 SANDEL WOOD CIRCLE W  
City-St-Zip: FORT MYERS, FL 33908 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V/S (X) Change ( ) Addition  
Name: CARPENTER, RITA  
Address: 7888 SANDEL WOOD CIR W  
City-St-Zip: FORT MYERS, FL 33908 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: VALERIE GANIM

P

04/15/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date