

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23829

FILED
Mar 05, 2006
Secretary of State

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

Current Principal Place of Business:

7899 SANDEL WOOD CIR W
FORT MYERS, FL 33908 US

New Principal Place of Business:

7973 SANDEL WOOD CIR W
FORT MYERS, FL 33908 US

Current Mailing Address:

7899 SANDEL WOOD CIR W
FORT MYERS, FL 33908 US

New Mailing Address:

7973 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:

LINTON, MIKE
7973 SANDEL WOOD CIRCLE WEST
FORT MYERS, FL 33908 US

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: MIKE LINTON

03/05/2006

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: CARPENTER, RITA
Address: 7888 SANDEL WOOD CIR 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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LINTON, MIKE MR
Address: 7973 SANDEL WOOD CIRCLE W
City-St-Zip: FORT MYERS, FL 33908 US

Title: VP (X) Change () Addition
Name: CRUZ, JANET
Address: 7900 SANDEL WOOD CIR W
City-St-Zip: FORT MYERS, FL 33908 US

Title: T (X) Change () Addition
Name: DVORAK, CARIDAD
Address: 7893 SANDEL WOOD CIRCLE W
City-St-Zip: FORT MYERS, FL 33908 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MIKE LINTON

P

03/05/2006

Electronic Signature of Signing Officer or Director

Date