

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State



DOCUMENT # N23829

1. Entity Name

THE VILLAGE OF SANDELWOOD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

7973 SANDEL WOOD CIR W
 FORT MYERS FL 33908
 US

Mailing Address

7973 SANDEL WOOD CIR W
 FORT MYERS FL 33908
 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0122799

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	P	<input type="checkbox"/> Delete
NAME	LINTON, MIKE MR	
STREET ADDRESS	7973 SANDEL WOOD CIRCLE W	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CRUZ, JANET	
STREET ADDRESS	7900 SANDEL WOOD CIR W	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	T	<input type="checkbox"/> Delete
NAME	DVORAK, CARIDAD	
STREET ADDRESS	7893 SANDEL WOOD CIRCLE W	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARPENTER, RITA	
STREET ADDRESS	7888 SANDEL WOOD CIRCLE WEST	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000687265
 04/10/07-80033-012 61.25

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: