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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997-21-97

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03450 (6)

1. Corporation Name

SANDALWOOD ESTATES TOWNHOUSE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7181 COLLEGE PARKWAY
FT. MYERS FL 33907
8890 SOMERSET BLVD
FT. MYERS, FL 33919

PO BOX 87800
FT. MYERS FL 33907
8890 SOMERSET BLVD
FT. MYERS FL 33919



3. Date Incorporated or Qualified
06/05/1984

3a. Date of Last Report
04/02/1996

2. Principal Place of Business
21 8890 Somerset Blvd
Suite, Apt. #, etc.

2a. Mailing Address
26 8890 Somerset Blvd
Suite, Apt. #, etc.

4. FEI Number
58-2739943

Applied For
Not Applicable

22 City & State
23 Ft Myers FL

27 City & State
28 Ft Myers FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33919 25 USA

29 33919 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, THOMAS H.
7181 COLLEGE PARKWAY
STE 18
FT. MYERS FL 33907

SHUE, FREDERICK J.
8890 SOMERSET BLVD.
FORT MYERS, FL. 33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Julius Pasquale* President

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 5/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BELL, ERNEST III	
STREET ADDRESS	8829 SOMERSET CT.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DINKO, AMIEL	
STREET ADDRESS	19331 CONGRESSIONAL CT	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ATKINSON, ANDREW	
STREET ADDRESS	12923 ELM CREEK CT	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PASQUALE, JULIUS	
STREET ADDRESS	1413 SE 28TH TERR.	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BORCHI, ELEANOR	
STREET ADDRESS	12967 CHEERYDALE CT	
CITY-ST-ZIP	FT MYERS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Kimberley Christoph	
STREET ADDRESS	1460 CLARET CT	
CITY-ST-ZIP	FT MYERS FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julius A Pasquale*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0089544

941 574-6345

CR2E037 (9/96)