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Feb 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 734678 (6)
1. Corporation Name
SANDALWOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
5710 S. DIXIE HWY. 5710 S. DIXIE HWY.
WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified

12/23/1975

4. FEI Number

59-1746701

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SALATA, KATHY WEBB
5710 S DIXIE HIGHWAY
SUITE B
WEST PALM BEACH, FL 33405

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 *Kathy Webb Salata*

2-19-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME PARSONS, ANN
STREET ADDRESS 3222-A MERIDIAN WAY NORTH
CITY-ST-ZIP PALM BCH GARDENS FL

1.1 TITLE DP
1.2 NAME ETHEL H. WINTERK
1.3 STREET ADDRESS 3157-D GARDENS EAST DR.
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE SD
NAME ROGERS, EILEEN
STREET ADDRESS 3319-D GARDENS EAST DR.
CITY-ST-ZIP PALM BEACH GARDENS FL

2.1 TITLE
2.2 NAME JON HESSELBROCK
2.3 STREET ADDRESS 3330-B MERIDIAN WAY SO.
2.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE VD
NAME SEARER, GERALD
STREET ADDRESS 3313-D MERIDIAN WAY NORTH
CITY-ST-ZIP PALM BCH GRDNS, FL 00000

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME MCCARTY, LYNDA
STREET ADDRESS 3231-B MERIDIAN WAY SO.
CITY-ST-ZIP PALM BEACH GARDENS FL

4.1 TITLE DVP
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME EILEEN ROGERS
5.3 STREET ADDRESS 3319-D GARDENS EAST DR.
5.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE TD
6.2 NAME JON DESTEFANO
6.3 STREET ADDRESS 3312-B MERIDIAN WAY
6.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

14. 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 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 *Kathy Webb Salata*

2-19-98 561-547-4001

CP2E037 (1097)