


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90082 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 745754					
1. Corporation Name SANDTREE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 30481 PALM BEACH GARDENS FL 33420			Mailing Address P.O. BOX 30481 PALM BEACH GARDENS FL 33420		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/30/1979	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2044022		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29	30		

9. Name and Address of Current Registered Agent BECKER & POLIAKOFF, PA 500 AUSTRALIAN AVE 9TH FLOOR WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTZ, DONNA		1.2 NAME	Lentz, Donna	
STREET ADDRESS	511 SANDTREE DR.		1.3 STREET ADDRESS	513 Sandtree Drive	
CITY-ST-ZIP	PALM BCH GARDENS FL 33403		1.4 CITY-ST-ZIP	Palm Beach Gdns, FL 33403	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary (SD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGUIRE, MARCIE		2.2 NAME	Segal, Louis	
STREET ADDRESS	328 SAND TREE DR		2.3 STREET ADDRESS	313 Sandtree Dr	
CITY-ST-ZIP	PALM BCH GRDNS FL 33403		2.4 CITY-ST-ZIP	Palm Beach Gdns, FL 33403	
TITLE	DT	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMCZYK, MARY		3.2 NAME		
STREET ADDRESS	906 SANDTREE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33403		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED **DONNA ANN LENTZ** 3/30/99 (561) 625-0201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #