FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 15, 1999 8:00 am Secretary of State

3. Date Incorporated or Qualifed

12/23/1975

04-15-1999 90154 050 ****61.25

| DOCUMENT # 73 | 346 | 378 |
|---------------|-----|-----|

1. Corporation Name

SANDALWOOD HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | | | | | | | | | |
|-----------------------------|---------|--|--|--|--|--|--|--|--|
| 5710 S. DIXIE HWY: | · · · . | | | | | | | | |
| WEST PALM BEACH F | L 33405 | | | | | | | | |

2. Principal Place of Business

Mailing Address

5710 S. DIXIE HWY.

2a. Mailing Address

26

WEST PALM BEACH FL 33405



| Suite, Apt. | . #, etc. Suite, Apt. #, etc. | | | | | | 59-1746701 | • • | | Applicable | |
|--|--|----------------|------------|---|---|--|----------------------------------|----------------------|---------------------------------------|---------------|--|
| 22 | | 27 | | | | | 33 1740701 | · | | Applicable | |
| City & State | • · · · · · · · · · · · · · · · · · · · | City & State | | | | 5. Certificate of Status Desired | | \$8.75 Ad Fee Req | | | |
| Zip | Country | Zip | | | | | 6. Election Campaign Financing | 9 🗆 | \$5.00 N | lay Be | |
| 24 | 25 | 29 | 30 |] | | Trust Fund Contribution | | | Added to Fees | | |
| | 9. Name and Address of Current | | | <u>, </u> | 10. Name and Address of New Registered Agent | | | | | | |
| | | | | 81 | Name | | | | | . [| |
| 041474 1 | (ATIN/ 14/EDD | | | _ | | | | | | | |
| , | KATHY WEBB | | | 82 | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | KIE HIGHWAY | | | 83 | | | | | · · · · · · · · · · · · · · · · · · · | | |
| SUITE B | | | • | Ĺ_ | | | | | • (| | |
| | M BEACH, FL 33405 | | | 84 | City | | · | FL | 85 Zip Co | | |
| 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 917.0503. Florida Statutes. | | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed hyme-objectered agent is | | CLLOS | distand Ager | t sionature | required W | fren reinstating) | DATE | | , | |
| 12. | OFFICERS AND | | (NOTE: NE | 13. | . arginocono | Todanou II | ADDITIONS/CHANGES TO C | FFICERS AN | D DIRECTOR | | |
| TITLE | DP · | | DELETE | 1.1 TITLE | | DP | 2 2 21 | | Change | Addition | |
| NAME | WINTERS, ETHEL H | • | ′ ` | 1.2 NAME | | RE | INHARDT BURG | .au. I/ | | | |
| STREET ADDRESS | 3157-D GABDENS EAST DR | | | | TITLE DP Change Addition NAME REINHARDT BURL STREET ADDRESS 2333 - C MER' 101AN M-AY N. CITY-ST-ZIP PALM BEACH FARDENS FL 334/10 | | | | | | |
| CITY-ST-ZIP | PALM BCH GARDENS FL 33410 | | 1. | 1.4 CITY-S | r. 75P | PA | LMBFACH FA | KDENS | FL 3. | 34/0 | |
| TITLE | SD | - | DELETE | 2.1 TITLE | | 60 | 4 | | Change | ☐ Addition | |
| NAME | HESSELBROOK_JON | | <i>'</i> - | 2.2 NAME | | TOH | NSON, KEN | C. | | | |
| STREET ADDRESS | 3330-B MERIDIAN WAY SO | | | 23 STREE | ADDRESS | 325 | NSON KEN THE MERIDIAN W | 777 | 72/// | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 334 | 10 | | 2.4 CITY-5 | T-ZIP | 14 | COURCE OUVER | NS FL | ין וציכב | | |
| TITLE | D | | ☐ DELETE | 3.1 TITLE | | DV | P | | enange | Addition | |
| NAME | ROGERS, EILEEN | | | 3.2 NAME | | | | | | ŀ | |
| STREET ADDRESS | 3319-D GARDENS EAST DR | | | 3.3 STREE | ADDRESS | | 0 | * | | | |
| CITY-ST-ZIP | PALM BCH GRDNS, FL 00000 33 | 410 . | | 3.4. CITY- S | T-ZIP | Ì | | | | | |
| TITLE | DVP | | DELETE | 4.1 TITLE | | D | 0- THUE | | Change | Addition | |
| NAME | MCCARTY, LYNDA | | • ` | 4. 2 NAME | | WII | YTERS, ETHEL | enct D | e · | | |
| STREET ADDRESS | 3231-B-MERIDIAN WAY SO. | | | 4.3 STREE | ADDRESS | 3/5 | TERS, ETHEL 7-D GARDENS E | 14. | * | ļ | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | | | 4.4 CITY-S | T-21P | PH | LMBEACH GARD | ENS F | L 3391 | 0 | |
| TITLE | TD | | ☐ DELETE | 5.1 TITLE | | | | | Change | ☐ Addition | |
| NAME . | DESTEFANO, JOE | | | 5.2 NAME | | | | • | | | |
| STREET ADDRESS | 3312-B MERIDIAN HWY | | | 5.3 STREE | FADDRESS | : | | | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 334 | 10 | | 5.4 CITY-S | T-ZIP | 1 | | si | · | | |
| TITLE | | , , | DELETE | 6.1 TTTLE | | | | | ☐ Change | ☐ Addition | |
| NAME | | | | 6.2 NAME | | 1 | | | | | |
| STREET ADDRESS | | | • | 6.3 STREE | FADORESS | 3 | | | | | |
| CITY-ST-ZIP | · · | | | 6.4 CITY-S | T-ZIP | <u>l·</u> | | | | | |
| CITY-ST-ZIP | | | | 0.4 0111 | | ٠ | -ti 440 07/3\/i\ Flerida Statuta | | 116 (1 1 d) - 1- | <u> </u> | |

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: