

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 21 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

734678

1. Entity Name

Sandalwood Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Capital Realty Advisors, Inc.

3. Mailing Address

8895 N. Military Trail

Suite, Apt. #, etc.

Suite E-201

Suite, Apt. #, etc.

Suite E-201

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. FEI Number

59-1746701

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Capital Realty Advisors, Inc.

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

8895 N. Military Trail

Suite E-201

City

Palm Beach Gardens FL

Zip Code

33410

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Jonna McDonald

10-15-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Hughes, Aimee
STREET ADDRESS 3793-C Meridian Way South
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800008566438
10/21/02--01040--020 **61.25

TITLE VPSD
NAME Magnus, Barbarann
STREET ADDRESS 3329-C Gardens Drive East
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME Condon, Edward
STREET ADDRESS 3321-D Meridian Way South
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE D
NAME Logsdon, Jamie
STREET ADDRESS 237 E. 25th Street
CITY-ST-ZIP Palm Beach Gardens, FL 33410

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

A Hughes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)