2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State
05-03-2007 90041 035 ****61.25

DOCUMENT # 734678

1. Entity Name
SANDALWOOD HOMEOWNERS ASSOCIATION, INC.

40102940

Principal Place of Business	Mailing Address
CMC Management, Inc. 2950 Jog Road Greenacres, FL 33467	

03292007 Chg-NP CR2E037 (12/06)

2. Principal Pl.

Suite, Apt. #

City & State		City & State		4. FEI Number 59-1746701	☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
1928 LK WORTH RD
LAKE WORTH, FL 33461

7. Name and Address of New Registered Agent

Name: JAY STEVEN LEVINE, P.A
Street Address (P.O. Box Number is Not Acceptable): 3300 PGA BLVD
SUITE 530
City: PALM BEACH GARDENS FL Zip Code: 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] president DATE: 4-18-07
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHENEVAR, DEREK 3209 GARDENS E DR, # B PALM BEACH GARDENS, FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PAULA MAGNUSON 3167 D. GARDENS E. DR. PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILSON, HELEN 3213 MERIDIAN WY N, #D PALM BEACH GARDENS, FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RONNIE KAPLAN 4343 ALTHEA WAY PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TAWIL, JACQUELINE 3333 MERIDIAN WAY N, #A PALM BEACH GARDENS, FL 33410	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER/SEC. PATRICA ZAHN 3340 D. MERIDIAN WAY S. PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PENELOPE ENFIELD 3350 C. MERIDIAN WAY S. PALM BEACH GARDENS, FL 33410	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 4/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #