2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 734678

Entity Name: SANDALWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

CMC MANAGEMENT INC.
2950 JOG ROAD
GREENACRES, FL 33467

New Principal Place of Business:

Current Mailing Address:

CMC MANAGEMENT INC.
2950 JOG ROAD
GREENACRES, FL 33467

New Mailing Address:

FEI Number: 59-1746701 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVINE, JAY S P.A.
3300 PGA BLVD
SUITE 530
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MAGNUSON, PAULA	
Address:	3167 D. GARDENS E. DR	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	V	( ) Delete
Name:	KAPLAN, RONNIE	
Address:	4343 ALTHEA WAY	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	ST	( ) Delete
Name:	ZAHN, PATRICIA	
Address:	3340 D. MERIDIAN WAY S.	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	T	( ) Delete
Name:	BERRY, SHAPIRO	
Address:	PO BOX 31903	
City-St-Zip:	PALM BEACH GARDEN, FL 33420	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	WESTOVER, PAMELA	
Address:	3240 MERIDIAN WAY NORTH B	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	S	(X) Change ( ) Addition
Name:	ZAHN, PATRICIA	
Address:	3340 D. MERIDIAN WAY S.	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	T	(X) Change ( ) Addition
Name:	BERRY, SHAPIRO	
Address:	PO BOX 31903	
City-St-Zip:	PALM BEACH GARDENS, FL 33420	
Title:	D	( ) Change (X) Addition
Name:	MCDOW, WILLIAM	
Address:	3259 GARDENS EAST	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA MAGNUSON P 04/07/2009

Electronic Signature of Signing Officer or Director — Date