

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734678

Entity Name: SANDALWOOD HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**CMC MANAGEMENT INC.
2950 JOG ROAD
GREENACRES, FL 33467**Current Mailing Address:**CMC MANAGEMENT INC.
2950 JOG ROAD
GREENACRES, FL 33467**FEI Number:** 59-1746701**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOSKOW, MANDELL, SALIM, & SIMOWITZ P.A.
800 CORPORATE DRIVE
SUITE 500
FT. LAUDERDALE, FL 33334 US*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**Officer/Director Detail :**

Title	PRESIDENT
Name	MAGNUSON, PAULA
Address	3167 GARDENS EAST DRIVE UNIT D
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP
Name	ENE, FLORICA
Address	3329 GARDENS EAST DRIVE UNIT C
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	WEYMER, MERI
Address	3331 MERIDIAN WAY NORTH UNIT A
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TREASURER
Name	BANTING, DEBBIE
Address	3223 MERIDIAN WAY NORTH UNIT A
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	ASST. SECRETARY
Name	STEFANIK, KIMBERLY
Address	300 NORTH HIGHWAY A1A UNIT 201A
City-State-Zip:	JUPITER FL 33477

I hereby 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 all other like empowered.

SIGNATURE: PAULA MAGNUSON

PRESIDENT

01/30/2017

Electronic Signature of Signing Officer/Director Detail_____
Date