2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2025
Secretary of State
9699133553CC

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Entity Name: SANDALWOOD BAND ASSOCIATION, INC.

Current Principal Place of Business:

2750 JOHN PROM BLVD.
ATTN: SAMANTHA MALTAGLIATI, BAND DIRECTOR
JACKSONVILLE, FL 32246

Current Mailing Address:

2750 JOHN PROM BLVD.
ATTN: SAMANTHA MALTAGLIATI, BAND DIRECTOR
JACKSONVILLE, FL 32246 US

FEI Number: 23-7209269

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAYTON-STORY, MELLANESE
2750 JOHN PROM BLVD.
ATTN: STEPHEN PANOFF, BAND DIRECTOR
JACKSONVILLE, FL 32246 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: MELLANESE CRAYTON-STORY 04/28/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	VP
Name	FORD, ERIKA	Name	BORKOWSKI, RICHARD
Address	2750 JOHN PROM BLVD. ATTN: SAMANTHA MALTAGLIATI, BAND DIRECTOR	Address	2750 JOHN PROM BLVD. ATTN: SAMANTHA MALTAGLIATI, BAND DIRECTOR
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
Title	PARLIAMENTARIAN	Title	FUNDRAISER
Name	CUARESMA, LORI	Name	NESTOR, BRAD
Address	2750 JOHN PROM BLVD. ATTN: SAMANTHA MALTAGLIATI BAND DIRECTOR	Address	2750 JOHN PROM BLVD. ATTN: SAMANTHA MALTAGLIATI, BAND DIRECTOR
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
Title	ASST. TREASURER	Title	TREASURER
Name	DAVIDSON, KERRI	Name	CRAYTON-STORY, MELLANESE
Address	2750 JOHN PROM BLVD ATTN: SAMANTHA MALTAGLIATI, BAND DIRECTOR	Address	2750 JOHN PROM BLVD ATTN : SAMANTHA MALTAGLIATI, BAND DIRECTOR
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
Title	SECRETARY	Title	OTHER
Name	PEKAREK, BECKY	Name	SATO, TERIEA
Address	2750 JOHN PROM BLVD ATTN : SAMANTHA MALTAGLIATI, BAND DIRECTOR	Address	2750 JOHN PROM BLVD. ATTN: SAMANTHA MALTAGLIATI, BAND DIRECTOR
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246

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: MELLANESE CRAYTON-STORY TREASURER 04/28/2025

Electronic Signature of Signing Officer/Director Detail Date