

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23829

**Entity Name:** THE VILLAGE OF SANDELWOOD HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 21, 2017**  
**Secretary of State**  
**CC0499757470**

**Current Principal Place of Business:**

7929 SANDEL WOOD CIRCLE, W.  
FORT MYERS, FL 33908

**Current Mailing Address:**

7929 SANDEL WOOD CIRCLE, W.  
FORT MYERS, FL 33908 US

**FEI Number: 90-0580593**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JONES, CHARLES  
7929 SANDEL WOOD CIRCLE, W.  
FORT MYERS, FL 33908 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: CHARLES JONES**

**03/21/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, DIRECTOR  
Name STRAUCH, ERIC  
Address 7985 SANDEL WOOD CIRCLE, W.  
City-State-Zip: FORT MYERS FL 33908

Title T, DIRECTOR  
Name JONES, CHARLES  
Address 7929 SANDEL WOOD CIRCLE, W  
City-State-Zip: FORT MYERS FL 33908

Title S, DIRECTOR  
Name CARPENTER, RITA  
Address 7888 SANDEL WOOD CIRCLE, W.  
City-State-Zip: FORT MYERS FL 33908

Title DIRECTOR  
Name STEUBER, KAREN  
Address 7948 SANDEL WOOD CIRCLE W  
City-State-Zip: FORT MYERS FL 33908

Title VP, DIRECTOR  
Name LESLIE, MERWIN  
Address 7979 SANDEL WOOD CIRCLE W  
City-State-Zip: FORT MYERS FL 33908

*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: CHARLES JONES**

**TRES**

**03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date