

FILE NOW: FILING FEE IS \$61.25

FILED

May 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723125 (1)  
1. Corporation Name  
SANDILEE TOWNHOUSE CONDOMINIUM APTS., INC



Principal Place of Business 1947 TAYLOR ST. #5 HOLLYWOOD FL 33020 US	Mailing Address 1947 TAYLOR ST. #5 HOLLYWOOD FL 33020 US
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3. Date Incorporated or Qualified 04/11/1972	4. FEI Number 59-1429905	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 1949 Taylor St. Suite, Apt. #, etc. #9 City & State Hollywood FL Zip 33020 Country USA	2a. Mailing Address 26 1949 Taylor St. Suite, Apt. #, etc. #9 City & State Hollywood FL Zip 33020 Country USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
SMITH, DOROTHY R  
1947 TAYLOR ST. #5  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	DUZYK, VALERIE L. 1949 Taylor St #9 Hollywood FL 33020
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  
SIGNATURE *Valerie L. Duzyk* VALERIE L. DUZYK 4/28/98  
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	ZENERINO, CATHERINE
STREET ADDRESS	1949 TAYLOR ST. #11
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	SMITH, DOROTHY
STREET ADDRESS	1947 TAYLOR ST, APT 5
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GALLUCCI, DELLA
STREET ADDRESS	1949 TAYLOR ST, APT 10
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	LUM YOU, KEITH
STREET ADDRESS	1947 TAYLOR ST. #4
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VALERIE DUZYK
STREET ADDRESS	1949 TAYLOR ST. 9
CITY - ST - ZIP	HOLLYWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P. Alfonse Cavale
4.3 STREET ADDRESS	1947 Taylor St. #3
4.4 CITY - ST - ZIP	Hollywood, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ST Valerie Duzyk
5.3 STREET ADDRESS	1949 Taylor St. #9
5.4 CITY - ST - ZIP	Hwd FL 33020
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *Valerie L. Duzyk* VALERIE L. DUZYK 4/28/98 954 925-6357  
Signature, typed or printed name of officer, director, receiver, or trustee (NOTE: Signature required for reinstatement) Date (NOTE: Phone number required for reinstatement)

CR2E037 (10/97)