2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT						THE COURT OF STATE OF				
DOCUMENT # 723125					The second second					
1. Entity Name SANDILEE TOWNHOUSE CONDOMINIUM APTS., INC					07 JUN 27 AM 7: 15					
Principal Plac		Mailing Address 1949 TAYLOR ST	9 TAYLOR ST		CREATIANT OF STATE - CLAHASSEE, FLORIDA					
SUITE 9 HOLLYWOOD	, FL 33020 US	SUITE 9 Hollywood, FL 33020				18% (119) (13)6 (186) A	() 	rii didit did ii eid:		
Principal Place of Business - No P.O. Box # Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		06222007 Chg-NP CR2E037 (12/06)					
City & State		City & State	City & State		4. FEI Number NOT APP	LIÇABLE		<u> </u>	plied For	
Zip	Country Zip Co		Country		5. Certificate of	Status Desired		\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent					7. Name and A	dress of New i	Registered A	Agent		
DUZVK V	ALEDIE I		Name	Name						
DUZYK, VALERIE L. 1949 TAYLOR ST SUITE 9				Street Address (P.O. Box Number is Not Acceptable)						
HOLLYWO	OOD, FL 33020									
			City				FL	Zip Code	e	
8. 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. I am familiar with, and the obligations of control of the cont								and accept		
the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Trust Fund Contribut					\$5.00 May Be Added to Fees	1		k payable to tment of St	1	
10.	OFFICERS AND DIF	RECTORS	11,		ADDITIONS/CHAN	GES TO OFFICE	RS AND DIF	RECTORS IN	10	
TITLE	Р	Delete	TITLE		sident	•		Change	Addition	
NAME Street address	BOGLIOLI, LOUIS 1949 TAYLOR ST. #12 STRI			Joh	iathan .	Edmis	(on			
CITY-ST-ZIP	HOLLYWOOD, FL 33020		STREET ADDRESS CITY-ST-ZIP	Hol	7 Taylo	アンナマ	6 3040			
TITLE	D	☐ Delete	TITLE	1	1,5000	. 10 0	<u> </u>	Change	Addition	
NAME	KIRKPATRICK, DAVID		NAME		10	rase.	400	141		
STREET ADDRESS CITY-ST-ZIP	1947 TAYLOR ST, #2 HOLLYWOOD, FL 33020		STREET ADDRESS CITY-ST-ZIP		07/03/	0 105 070105	0003	#*61,	25	
TITLE	STD	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	DUZYK, VALERIE		NAME							
STREET ADDRESS CITY-ST-ZIP	1949 TAYLOR ST, SUITE 9 HOLLYWOOD, FL 33020		STREET ADDRESS CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE					☐ Change	Addition	
NAME	LUM YOU, KEITH		NAME							
STREET ADDRESS CITY-ST-ZIP	1947 TAYLOR ST. #4 HOLLYWOOD, FL 33020		STREET ADDRESS CITY-ST-ZIP							
TITLE	D	☐ Delete	TITLE				-	☐ Change	Addition	
NAME STREET ADDRESS	CALLAHAN, PAULA 1949 TAYLOR STREET #7		NAME STREET ADDRESS							
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	D .				☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	Tric	10 Haw 9 Taylo		10			
CITY-ST-ZIP			CITY-ST-ZIP	1	y wood	FL 330				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officier 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 10 or Block 11 if										
changed, or on an attachment with an address, with a) other like empowered.										
SIGNATURE: WILL & SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOUNTING DISCOUNTING PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DISCOUNTING DISCOUNTING PRINTED NAME OF SIGNING OFFICER OR DIRECTOR										

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