

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # 723125

1. Entity Name
SANDILEE TOWNHOUSE CONDOMINIUM APTS., INC



Principal Place of Business 1949 TAYLOR ST SUITE 9 HOLLYWOOD, FL 33020 US	Mailing Address 1949 TAYLOR ST SUITE 9 HOLLYWOOD, FL 33020 US
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUZYK, VALERIE L.
 1949 TAYLOR ST
 SUITE 9
 HOLLYWOOD, FL 33020**

DO NOT WRITE IN THIS SPACE

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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDMISTON, JONATHAN 1947 TAYLOR STREET #6 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, DAVID 1947 TAYLOR ST, #2 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUZYK, VALERIE 1949 TAYLOR ST, SUITE 9 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUM YOU, KEITH 1947 TAYLOR ST. #4 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, PAULA 1949 TAYLOR STREET #7 HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWKINS, TRICIA 1949 TAYLOR STREET #10 HOLLYWOOD, FL 33020

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U00000817053
 02/14/08-80077-007 61.25

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valerie L. Duzyk* **2/2/08** **305206-4009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Valerie L. Duzyk