


**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	
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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
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUZYK, VALERIE L. 1949 TAYLOR ST SUITE 9 HOLLYWOOD, FL 33020
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

**DO NOT WRITE
IN THIS SPACE**

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: <i>Valerie L. Duzyk</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Valerie L. Duzyk	Date 2/2/08	Daytime Phone # 305206-4005
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