FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR 21 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734678 (6)

1. Corporation Name
SANDALWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
5710 S. DIXIE HWY.
WEST PALM BEACH FL 33405

Mailing Address
5710 S. DIXIE HWY.
WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1975
3a. Date of Last Report: 03/03/1994
4. FEI Number: 59-1746701 — Applied For / Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent
SALATA, KATHY WEBB
5710 S DIXIE HIGHWAY
SUITE B
WEST PALM BEACH, FL 33405

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Kathleen Webb Salata — 2-28-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	1.1 TITLE	DP	XX Change ☐ Addition
NAME	BALASH, TRACEY	1.2 NAME	Ann Parsons	
STREET ADDRESS	3356-A MERIDIAN WAY N	1.3 STREET ADDRESS	3222-A Meridian Way North	
CITY-ST-ZIP	PALM BCH GARDENS FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410	
TITLE	SD	2.1 TITLE	DVP	X Change ☐ Addition
NAME	HESSELBROCK, MARY	2.2 NAME	Gerald Schmidt	
STREET ADDRESS	3330-B MERIDIAN WAY,S.	2.3 STREET ADDRESS	3259-C Gardens East Drive	
CITY-ST-ZIP	PALM BEACH GDNS. FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410	
TITLE	V	3.1 TITLE	DT	X Change ☐ Addition
NAME	VARNEY, AL	3.2 NAME	Gerald Searer	
STREET ADDRESS	3310 C MERIDIAN WAY S	3.3 STREET ADDRESS	3313-D Meridian Way North	
CITY-ST-ZIP	PALM BCH GRDNS, FL 00000	3.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410	
TITLE	P	4.1 TITLE	DS	X Change ☐ Addition
NAME	MC GINLEY, ROBERT	4.2 NAME		
STREET ADDRESS	3300-D MERIDIANWAY S.	4.3 STREET ADDRESS	3203-B Gardens East Drive	
CITY-ST-ZIP	PALM BCH GRDNS FL	4.4 CITY-ST-ZIP	Palm Beach Gardens, Fl 33410	
TITLE	AT	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDTE, GERALD	5.2 NAME	XXXXX Delete	
STREET ADDRESS	3259-C GRADENS E DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GRDNS FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ann Parsons — 2/27/95 — (407) 547-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010075