


FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734678 (6)**  
1. Corporation Name  
**SANDALWOOD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>5710 S. DIXIE HWY. WEST PALM BEACH FL 33405</b>	Mailing Address <b>5710 S. DIXIE HWY. WEST PALM BEACH FL 33405-3807</b>
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3. Date Incorporated or Qualified <b>12/23/1975</b>	3a. Date of Last Report <b>02/14/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-1746701</b>	Applied For <b>Not Applicable</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  <b>SALATA, KATHY WEBB 5710 S DIXIE HIGHWAY SUITE B WEST PALM BEACH, FL 33405</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 617.0508, Florida Statutes.

SIGNATURE: *Kathleen Salata* **3/26/97**  
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	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARSONS, ANN</b>	1.2 NAME	
STREET ADDRESS	<b>3222-A MERIDIAN WAY NORTH</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REINHARDT, BURL</b>	2.2 NAME	<b>S.D</b>
STREET ADDRESS	<b>3333-C MERIDIAN WAY N</b>	2.3 STREET ADDRESS	<b>Eileen Rogers</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	2.4 CITY-ST-ZIP	<b>3319-D Gardens East Dr.</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>P.B.G., FL. 33410</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEARER, GERALD</b>	3.2 NAME	
STREET ADDRESS	<b>3313-D MERIDIAN WAY NORTH</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GRDNS, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KALENIK, PAUL</b>	4.2 NAME	<b>T.D.</b>
STREET ADDRESS	<b>3323-B MERIDIAN WAY NORTH</b>	4.3 STREET ADDRESS	<b>Lynda McCarty</b>
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	4.4 CITY-ST-ZIP	<b>3231-B Meridian Way So.</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<b>P.B.G. FL. 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<b>D.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>3330-B Meridian Way So.</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>P.B.G. FL. 33410</b> <input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Ann Parsons* **SIGNATURE REQUIRED** **4-22-97** **561-547-4001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040180

CR2E037 (9/96)