2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

DOCUMENT # 734678 1. Entity Name SANDALWOOD HOMEOWNERS ASSOCIATION, INC.									03-29-200	90411	050 ****	61.25
Principal Place 4300 S. US : SUITE 203-1 JUPITER, FL	#1 7 4	s	4300 SUITE	Address S. US #1 203-174 ER, FL 33477				1 64 11 12 13	- 11 - 1271 : 1111 - 1111		 En enem blem ble	BIJK a t b i kabi
2. Principal P		ness	400	ing Address DIONEY	DE.	VNA	DP.					
Suite, Apt.				te, Apt. #, etc.				03222004	Chg-NP	CR2E0	37 (10/03)	
City & Stat	te		12	PITE	R,	F	/	4. FEI Number 59-1746	701			pplied For ot Applicable
Zip		Country	33°	158	Paln	intry Bel	ach		f Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered	d Agent		Name	<u> </u>	,	Address of New			
1818 AUS	TRAILIAN	ADVISORS INC AVE., SOUTH				Street A	ddress (F	CINSON Q. Box Nymbar	MANA is Not Acceptab SUNA	<u>6EME</u>	ENI, -	INC.
SUITE 400 WEST PAI	-	H, FL 33409				140	<u> 20 7</u>	owey v	BNNA	DK.		
						City_1	1101	TER	- · · · · · · · · · · · · · · · · · · ·	FL	Zip Coc	ie - g
8. The above the obligat	named entit	submits this statement for	or the purpo	ose of changing it	s register	ed office o	ruegister	d agent or both	, in the State of F	iorida. I am	familiar with	and accept
the obligations of registered agent. ON OPANA OF THE BOO 3/2-640												
	nu s	- L	ر مندست	, m		ac.	THE	Real	3/2e/p	40		
SIGNATURE	Signature, typed	or printed name of registered agent	GIONIS and title if appli	12 Micable (NO	TE: Registere	AGE d Agent signat	TKE	when reinstative)	3/25/p	DATE		
SIGNATURE	Filing Fe	- L	Gioria and title if appli	g. Election Ca Trust Fund	ımpaign F	inancing		when reinstation \$5.00 May Be Added to Fees		Make chec	k payable t	Opening a first transfer of
SIGNATULE	Filing Fe Due by N	or printed name of registered agent		9. Election Ca	ımpaign F	inancing		\$5.00 May Be Added to Fees DDITIONS/CHA		Make chec rida Depa	rtment of S	tate
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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: Debbie L Cha	se dulbré	Schall 31	20109 - 871-04	60
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI	Date	Daytime Phone #		