

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-29-2004 90411 050 ****61.25

DOCUMENT # 734678					
1. Entity Name SANDALWOOD HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4300 S. US #1 SUITE 203-174 JUPITER, FL 33477			Mailing Address 4300 S. US #1 SUITE 203-174 JUPITER, FL 33477		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 400 TONEY PENNA DR.			
City & State JUPITER, FL		City & State JUPITER, FL		4. FEI Number 59-1746701	
Zip 33458		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent: CAPITAL REALTY ADVISORS INC 1818 AUSTRALIAN AVE., SOUTH SUITE 400 WEST PALM BEACH, FL 33409					
7. Name and Address of New Registered Agent Name: DICKINSON MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable): 400 TONEY PENNA DR. City: JUPITER FL Zip Code: 33458					
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: <i>[Signature]</i> - Regional Mgr of the (Palm) 3/25/04 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME HUGHES, AIMEE STREET ADDRESS 3793-C MERIDIAN WAY SOUTH CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE PRESIDENT NAME DEBBIE CHASE STREET ADDRESS 3209 GARDENS E. DR. D CITY-ST-ZIP PALM Bch GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME CONDRON, EDWARD STREET ADDRESS 3221-D MERIDIAN WAY SOUTH CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE VICE PRESIDENT NAME SHGILA FACCHINI STREET ADDRESS 3230 MERIDIAN WAYS. B CITY-ST-ZIP PALM Bch GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME LOGSDON, JAMIE STREET ADDRESS 237 E 25TH STREET CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE SECRETARY NAME JACQUINE TAWIL STREET ADDRESS 3333 MERIDIAN WAY N. A CITY-ST-ZIP PALM Bch GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TAYLOR, BRIAN STREET ADDRESS 83270 MERIDIAN WAY NORTH CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		TITLE TREASURER NAME DEREK SCHENAUER STREET ADDRESS 3209 B GARDENS E. DR. CITY-ST-ZIP PALM Bch GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME HEICH WILSON STREET ADDRESS 3213 MERIDIAN WAY N. D CITY-ST-ZIP PALM Bch GARDENS, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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>Debbie L Chase</i> <i>Debbie L Chase</i> 3/23/04 - 844-3460 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					