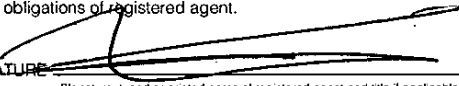
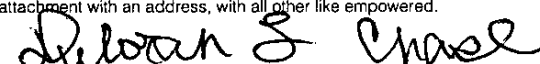


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90077 048 ****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 400 TONEY PENNA DR. JUPITER, FL 33458		
2. Principal Place of Business <i>ASSOCIATED PROPERTY MGMT</i> Suite, Apt. #, etc. <i>1928 LAKE WORTH RD.</i> City & State <i>LAKE WORTH, FL</i> Zip <i>33461</i> Country <i>USA</i>		3. Mailing Address <i>ASSOCIATED PROPERTY MGMT</i> Suite, Apt. #, etc. <i>1928 LAKE WORTH RD.</i> City & State <i>LAKE WORTH, FL</i> Zip <i>33461</i> Country <i>USA</i>			
02282006 Chg-NP CR2E037 (11/05)				4. FEI Number 59-1746701	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent V CLAIRE WYANE CORTEZ, ESQUIRE HILLEY & WYANE CORTEZ, PA 860 US HIGHWAY ONE, SUITE 108 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name <i>ASSOCIATED PROPERTY MANAGEMENT</i> Street Address (P.O. Box Number is Not Acceptable) <i>1928 LAKE WORTH RD.</i> City <i>LAKE WORTH</i> FL Zip Code <i>33461</i>		
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  DATE <i>3/8/06</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	P CHASE, DEBBIE 3209 GARDENS E DR., D PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHENEVAR, DEREK 3209 GARDENS E. DR. #B P.O. GARDENS, FL 33410	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FACCINNI, SHEILA 3230 MERIDIAN WAY S, #B PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, HELEN 3213 MERIDIAN WAY N, #D P.O. GARDENS, FL 33410	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAWIL, JACQUELINE 3333 MERIDIAN WAY N, #A PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHENAUER, DEREK 3209 B GARDENS E DR. PALM BEACH GARDENS, FL 33410	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, HEICH 3213 MERIDIAN WAY N, #D PALM BEACH GARDENS, FL 33410	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Date <i>3/3/06</i> Daytime Phone # <i>(561) 622-5582</i>		