

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90167 029 \*\*\*\*61.25

0036534

**DOCUMENT # 734678**

1. Entity Name

**SANDALWOOD HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**8895 N MILITARY TRAIL  
SUITE E-201  
PALM BEACH GARDENS FL 33410**

Mailing Address

**8895 N MILITARY TRAIL  
SUITE E-201  
PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

**4300 S. U.S. #1**

Suite, Apt. #, etc.

**SUITE 203-174**

City & State

**JUPITER, FLORIDA**

3. Mailing Address

**4300 S. U.S. #1**

Suite, Apt. #, etc.

**SUITE 203-174**

City & State

**JUPITER FLORIDA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1746701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAPITAL REALTY ADVISORS INC  
8895 N MILITARY TRAIL  
SUITE E-201  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **ED DICKER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1818 AUSTRALIAN AVE SOUTH**  
**SUITE 400**  
City **WEST PALM BEACH** FL Zip Code **33409**

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

*Edward Dicker*

**EDWARD DICKER**

**4-7-03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>VPSD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MAGNUS, BARBARANN</b>	
STREET ADDRESS	<b>3320 G GARDENS DRIVE EAST</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33110</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, AIMEE</b>	
STREET ADDRESS	<b>3793-C MERIDIAN WAY SOUTH</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>CONDON, EDWARD</b>	
STREET ADDRESS	<b>3221-D MERIDIAN WAY SOUTH</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOGSDON, JAMIE</b>	
STREET ADDRESS	<b>237 E 25TH STREET</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, BRIAN</b>	
STREET ADDRESS	<b>3323 D MERIDIAN WAY NORTH</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOGSDON, JAMIE</b>	
STREET ADDRESS	<b>237 E 25TH STREET</b>	
CITY-ST-ZIP	<b>Palm Beach Gardens, FL 33410</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TAYLOR, BRIAN</b>	
STREET ADDRESS	<b>3323 D MERIDIAN WAY NORTH</b>	
CITY-ST-ZIP	<b>PALMBEACH, GARDENS, FL 33410</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**

**4-2-03**

**561.718.1911**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)