

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **745754** (2)
1. Corporation Name
SANDTREE HOME OWNERS ASSOCIATION, INC.

1995 MAR 23 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
P.O. BOX 12243 LAKE PARK FL 33403-7243
P.O. BOX 12243 LAKE PARK FL 33403-7243

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 25. Country 28. Zip 30. Country

3. Date Incorporated or Qualified **01/30/1979** 3a. Date of Last Report **03/14/1994**
4. FEI Number **59-2044022** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BECKER, POLIAKOFF, & STREITFELD P.A.
REFLECTION BUILDING, SUITE 700
450 AUSTRALIAN AVE. S.
W. PALM BEACH FL 33401-2034

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when handwritten.) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	PD
NAME 409	HERRON, CHRIS BRETZ, FRANK
STREET ADDRESS	888 SANDTREE DRIVE
CITY - ST - ZIP	PALM BCH GRDNS FL 33403-1519
TITLE D	VP
NAME	SPEER, PAM
STREET ADDRESS	502 SANDTREE DRIVE
CITY - ST - ZIP	PALM BCH GRDNS FL 33403-1511
TITLE D	S
NAME	SHEEHAN, CHRISTINE
STREET ADDRESS	909 SANDTREE DR
CITY - ST - ZIP	PALM BCH GRDNS FL 33403-1511
TITLE D	T
NAME	Geoghagan, Elizabeth
STREET ADDRESS	913 Sandtree Drive
CITY - ST - ZIP	Palm Beach Gardens, FL 33403-7511
TITLE D	None
NAME	Stephen Lantz
STREET ADDRESS	906 Sandtree Drive
CITY - ST - ZIP	Palm Beach Gardens, FL 33403-1511
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	100001439321
13 STREET ADDRESS	-03/24/95--01074--012
14 CITY - ST - ZIP	***130.00 ***130.00
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	JA
63 STREET ADDRESS	3-23
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(k), 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: **Frank H. Bretz** **03/24/95** **(407) 622-7677**
Typed name and title of officer or director. (NOTE: Signature required when handwritten.)
FRANK H. BRETZ, President