

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **01/30/1979**
3a. Date of Last Report: **03/23/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
Zip: 29
Country: 30

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**
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
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: D	BRETZ, FRANK <input checked="" type="checkbox"/> DELETE	1.1 TITLE: Vice President / DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: BRETZ, FRANK		1.2 NAME: Donna Lentz	
STREET ADDRESS: 409 SANDTREE DRIVE		1.3 STREET ADDRESS: 311 Sandtree Dr.	
CITY-ST-ZIP: PALM BCH GRDNS FL		1.4 CITY-ST-ZIP: Palm Beach Gardens, FL 33403	
TITLE: DS	SHEEHAN, CHRISTINE <input type="checkbox"/> DELETE	2.1 TITLE: Patrick Cousins / President / DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME: SHEEHAN, CHRISTINE - secretary / Finance / IT		2.2 NAME: Patrick Cousins	
STREET ADDRESS: 909 SANDTREE DR		2.3 STREET ADDRESS: 911 Sandtree Drive	
CITY-ST-ZIP: PALM BCH GRDNS FL 33403-1511		2.4 CITY-ST-ZIP: Palm Beach Gardens, FL 33403	
TITLE: DT	GEOGHEGAN, ELIZABETH <input checked="" type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: GEOGHEGAN, ELIZABETH		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 513 SANDTREE DR.		3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: PALM BEAH GARDENS FL 33403-1511		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	LENTZ, SYDNEY <input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: LENTZ, SYDNEY		4.2 NAME: 800001863298	
STREET ADDRESS: 906 SANDTREE DR.		4.3 STREET ADDRESS: -06/17/96--01023--018	
CITY-ST-ZIP: PALM BEACH GARDENS FL 33403-1511		4.4 CITY-ST-ZIP: ***61.25	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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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 119.07(3)(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: Christina Sheehan DATE: 4-29-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE: 407-863-8300

CR2E037 (12/95)