


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90059 038 ****61.25

DOCUMENT # 745754

1. Entity Name
SANDTREE HOME OWNERS ASSOCIATION, INC.




Principal Place of Business
CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DR., STE. 109
PALM BEACH GARDENS, FL 33403

Mailing Address
CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DR., STE. 109
PALM BEACH GARDENS, FL 33403

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01242005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2044022

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

MCDONALD, DONNA
CAPITAL REALTY ADVISORS, INC.
600 SANDTREE DR., STE. 109
PALM BEACH GARDENS, FL 33403

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
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, 2005**

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	SB Secretary SCARLETT, DENISE 920 SANDTREE DR PALM BCH GARDENS, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cheryl Robinson <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 510 Sandtree Dr, PRES, Lake Park, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BT Director STRICKLAND, GARY 413 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tommy Reed <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP 506 Sandtree
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PB Director HOWARD, CHRISTINE 407 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Maggio <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 903 Sandtree Dr. Treas.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPB Director DELOUIS, FRED 822 SANDTREE DR WEST PALM BEACH, FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Denise <input type="checkbox"/> Change <input type="checkbox"/> Addition Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Mehalco <input type="checkbox"/> Delete 826 Sandtree Drive Palm Beach Gardens FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Wendy Roberts. <input type="checkbox"/> Delete 410 Sandtree Drive Palm Beach Gardens FL 33403	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: *[Signature]* 3/31/05 561-691-0364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #