

**2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**


FILED

06 JUN 28 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




06232006 Chg-NP CR2E037 (4/06)

DOCUMENT # 745754			
1. Entity Name SANDTREE HOME OWNERS ASSOCIATION, INC.		Principal Place of Business ACCT. DEPT INC 185 E INDIANTOWN RD., SUITE 127 JUPITER, FL 33477	
Mailing Address CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR., STE. 109 PALM BEACH GARDENS, FL 33403		2. Principal Place of Business Suite, Apt. #, etc.	
3. Mailing Address 923 Sandtree Dr		City & State Palm Beach Gardens, FL	
4. FEI Number 59-2044022		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACCOUNTING DEPARTMENT, INC C/O LINDA MAGGIO 185 E INDIANTOWN RD., SUITE 127 JUPITER, FL 33477		7. Name and Address of New Registered Agent Name Accounting Department, Inc. Street Address (P.O. Box Number is Not Acceptable) C/O Angel Narlinger 185 E Indiantown Rd Ste 127 City Jupiter FL Zip Code 33477	
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 <i>Angel B. Narlinger</i> Angel B. Narlinger, Secretary DATE 6/23/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	S SCARLETT, DENISE 920 SANDTREE DR PALM BCH GARDENS, FL 33403 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Linda Colombo 819 Sandtree Dr Palm Beach Gardens, FL 33403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, CHERYL 510 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Tia El-Haarygy 824 Sandtree Dr Palm Beach Gardens, FL 33403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGGIO, LINDA 903 SANDTREE DR PALM BEACH GARDENS, FL 33403 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Angel B. Narlinger 820 Sandtree Dr Palm Beach Gardens, FL 33403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHALKO, JOHN 826 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roxanne Albert 322 Sandtree Dr Palm Beach Gardens, FL 33403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Maggio 903 Sandtree Dr Palm Beach Gardens, FL 33403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Margie Maguire 328 Sandtree Dr Palm Beach Gardens, FL 33403 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>See page 2</u>		800077080038 07/06/06--01041--010 **61.25	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

*jc 6/30
see attachment*

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, CHERYL 510 SANDTREE DRIVE PALM BEACH GARDENS, FL 33403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Denise Scarlett 911 Sandtree Dr Palm Beach Gardens, FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGGIO, LINDA 903 SANDTREE DR PALM BEACH GARDENS, FL 33403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Strickland 413 Sandtree Dr Palm Beach Gardens FL 33403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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SIGNATURE: <u>Angel B. Darlinger</u> Angel B. Darlinger, Secretary 6/23/06 (561) 804-1206					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					