Page 192

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

-												
DOCUMENT # 745754 1. Entity Name SANDARE HOME CHANGEDS ASSOCIATION INC.							FILED					
SANDTREE HOME OWNERS ASSOCIATION, INC.							06 JUN 28 AM 10: 40					
Principal Plac ACCT, DEPT I 185 E INDIAI	INC Ntown Rd.,		CAPITAL REA 600 SANDTR	Mailing Address CAPITAL REALTY ADVISORS, INC. 600 SANDTREE DR., STE. 109			JEGRE JALLAH	TARY OF ST ASSEE, FLO	TATE DRIDA			
JUPITER, FL	33477		PALM BEACH	GARDENS,	FL 33403			BITEL BING (EDEC BING BIE)	BIBLI BIBN BIBN BIBN BIBN	E REGEREN DE 1888		
2. Principal P	Place of Busin	ness	3. Mailing Address 923 Santree Dr									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06232006	Chg-NP	CR2E037 (4/0	6)			
City & State			Palm Beach Gardens, FL			4. FEI Number 59-2044			Applied For Not Applicable			
Zip	Zip Country		33403	2ip Cou 33403 US			5. Certificate	of Status Desired	☐ Fee Req	Additional uired		
	6. Name	and Address of Current F	Registered Agent	<u> </u>	No-	. ^	7. Name and	Address of New R	egistered Agent			
C/O LINDA	A MAGGIC				Street Address (P.O. Box Number is Not Acceptable)							
185 E INDI JUPITER,		NRD., SUITE 127			1	35E	Indiantown Rd Ste 127					
					City	Jusi	ter			20de 3477		
	e named entit	y submits this statement for	the purpose of cl	hanging its re	egistered offic	e or register	red agent, or bot	h, in the State of Flo	rida. I am familiar w	vith, and accept		
olo obligati	1 1	D W -	013	· // -	1,		ι.		. 1	i		
SIGNATURE Signature, typed or printed name of registered agent and title if appeals able. (NOTE: Registered Appealsignature required when reinstating) Out 1												
	Amended	I AR is \$61.25	1	lection Camp rust Fund Co	paign Financir Intribution.	ng 🗆	\$5.00 May B Added to Fees		ake check payab Ida Department o			
10.		OFFICERS AND DIR	RECTORS	rust Fund Co	-		Added to Fees	Flori		f State S IN 10		
10.	s	OFFICERS AND DIR	RECTORS	,	11.	<u> </u>	Added to Fees ADDITIONS/CH/	Flori ANGES TO OFFICER	lda Department o	f State S IN 10		
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JC 4/30 See A Hach ment

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

W.	AM	ENDED AN	NU	IL REPO	RT							
DOCUMENT # 745754												
1. Entity Name SANDTREE HOME OWNERS ASSOCIATION, INC.												
ACCT. DEPT INC CAPI 185 E INDIANTOWN RD., SUITE 127 600				ailing Address Apital Realty Advisors, Inc. Oo Sandtree Dr., Ste. 109 Alm Beach Gardens, Fl. 33403			 	2472) SIKU KERAL SIKU CIT				
2. Principal Place of Business 3. I				3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				06232006	Chg-NP	CR2E	(037 (4/06)	
City & State			Ci	City & State				4. FEI Numbe 59-2044			<u> </u>	plied For t Applicable
Zip	Country Zip		Cou	untry					\$8.75 Add Fee Require			
	6. Name	and Address of Current F	Register	ed Agent				7. Name and	Address of New R	legistered	Agent	
ACOUNTIN	NG DEPA	RTMENT. INC				Name						
ACOUNTING DEPARTMENT, INC C/O LINDA MAGGIO 185 E INDIANTOWN RD., SUITE 127						Street Address (P.O. Box Number is Not Acceptable)						
JUPITER, I	FL 33477	•			City				· · · · · · · · · · · · · · · · · · ·	FI	Zip Code	9
8 The shows	named entit	y submits this statement for	the nur	none of changing its	rogietor	ad office o	register.	rod paget, or both	h in the State of Ele			and accept
	ions of regist		ine purp	ose or changing its	register	ea onice o	r register	red agent, or bot	n, in the State of Fi	onda. Iam	ı tamıllar witn,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reiniciating) DATE												
Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.							\$5.00 May Bo	•		ck payable to		
10,		OFFICERS AND DIR	FCTORS		11.			ADDITIONS/CHA	NGES TO OFFICE	PS AND D	IRECTORS IN	10
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STREET ADDRESS		OTREE DR	•				BOO	Sandti	ee Dr	.		
CITY-ST-ZIP	PALM BC	H GARDENS, FL 3340	3		-	7-ST-ZUP	Kol	m beact	Garden	5, FL	<u> 33403</u>	2
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NAME Street address	MEHALKI 826 SANI	O, JOHN OTREE DRIVE			NAM	NE Eet address						
CITY-ST-ZIP		ACH GARDENS, FL 33	403			-ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP						eet adoress (-st-zip	}					
	Lcertify that th	e information supplied with	this filing	does not qualify for			l ontained	I in Chapter 119.	Florida Statutes 1	further ce	rtify that the in	formation
12. I hereby certify that the information supplied with this filling 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.												
SIGNAT	URE:	Muz	M	- Ang	213	· Nar	linge	er Secre	tary colo	23/0V	(561)9	MAT-19M
		SHERATORE AND TIPED OR P	REDITED HA	E OF SIGNOIG OFFICER	OR DIREC	TOR	J	1	Outo	1	Daytime Phone #	