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CORPORATION ANNUAL REPORT
1995

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746976 (0)

1. Corporation Name
SANDALWOOD ESTATES PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
105 SANDALWOOD DR. FT. PIERCE FL 34947	105 SANDALWOOD DR. FT. PIERCE FL 34947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1979
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2776229 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CICCARELLI, CATHY 105 SANDALWOOD DR. FT. PIERCE FL 34947	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: Cathy Ciccarelli (Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required where mandatory) DATE: 2/22/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	LACROSSE, DAVID	1.2 NAME	LaCrosse, David	
STREET ADDRESS	87 PINEWOOD LANE	1.3 STREET ADDRESS	87 Pinewood Lane	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	Ft. Pierce, FL	
TITLE	D	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	TIERNEY, STEVE	2.2 NAME	Thomas, Todd	
STREET ADDRESS	303 DEERWOOD LANE	2.3 STREET ADDRESS	89 Pinewood Lane	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	CICCARELLI, CATHY	3.2 NAME		
STREET ADDRESS	105 SANDALWOOD DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	HUMPHREYS, CHRISTOPHER	4.2 NAME		
STREET ADDRESS	88 PINEWOOD DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	VESTERLUND, STEIG	5.2 NAME		
STREET ADDRESS	306 ROSEWOOD DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☐ Change ☒ Addition
NAME		6.2 NAME	Dowis, Glenda	
STREET ADDRESS		6.3 STREET ADDRESS	300 Deerwood Lane	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Pierce, FL	

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: Cathy Ciccarelli Cathy Ciccarelli 2/20/95 407 468-3168
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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