

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 746976 (0)**

1. Corporation Name

**SANDALWOOD ESTATES PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business

105 SANDALWOOD DR.  
FT. PIERCE FL 34947

Mailing Address

105 SANDALWOOD DR.  
FT. PIERCE FL 34947



3. Date Incorporated or Qualified  
**04/30/1979**

3a. Date of Last Report  
**02/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 **210 DEERWOOD LN**  
Suite, Apt. #, etc.

26 **210 DEERWOOD LN**  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 **FT PIERCE FL**  
Zip

28 **FT PIERCE FL**  
Zip

24 **34947**

25 **ST LUCIE**

29 **34947**

30 **ST LUCIE**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CICCARELLI, CATHY**  
**105 SANDALWOOD DR.**  
**FT. PIERCE FL 34947**

10. Name and Address of New Registered Agent

81 Name **KARON DREW**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2816 JEFFERSON PKWY**  
83 **FT PIERCE, FL**  
84 City

FL 85 Zip Code **34946**

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 **Karon Drew**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/28/96**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE  
NAME **LACROSSE, DAVID**  
STREET ADDRESS **87 PINWOOD LANE**  
CITY-ST-ZIP **FT PIERCE FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **THOMAS, TODD**  
STREET ADDRESS **89 PINWOOD LANE**  
CITY-ST-ZIP **FT. PIERCE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **ST** ☒ DELETE  
NAME **CICCARELLI, CATHY**  
STREET ADDRESS **105 SANDALWOOD DR.**  
CITY-ST-ZIP **FT PIERCE FL**

3.1 TITLE ☒ Change ☒ Addition  
3.2 NAME **KARON DREW**  
3.3 STREET ADDRESS **2816 JEFFERSON PKWY**  
3.4 CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE **D** ☒ DELETE  
NAME **HUMPHREYS, CHRISTOPHER**  
STREET ADDRESS **88 PINWOOD DR.**  
CITY-ST-ZIP **FT PIERCE FL**

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **JOHN ANDERSON**  
4.3 STREET ADDRESS **212 DEERWOOD LANE**  
4.4 CITY-ST-ZIP **FT PIERCE FL 34947**

TITLE **V** ☒ DELETE  
NAME **VESTERLUND, STEIG**  
STREET ADDRESS **306 ROSEWOOD DR.**  
CITY-ST-ZIP **FT PIERCE FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **DOWIS, GLENDA**  
STREET ADDRESS **300 DEERWOOD LANE**  
CITY-ST-ZIP **FT PIERCE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

**Karon Drew**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/28/96** 407/464-4900

CR2E037 (12/95)