

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **746976** (0)

1. Corporation Name

SANDALWOOD ESTATES PROPERTY OWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**210 DEERWOOD LANE
FT. PIERCE FL 34947
US**

**210 DEERWOOD LANE
FT PIERCE FL 34947
US**

3. Date Incorporated or Qualified

04/30/1979

4. FEI Number

59-2776229

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREW, KARON

**2816 JEFFERSON PKWY
FT. PIERCE FL 34948**

**208 ROSEWOOD DR
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 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

TITLE **ST** ☐ DELETE
NAME **DREW, KARON**
STREET ADDRESS **2816 JEFFERSON PKWY**
CITY-ST-ZIP **FT PIERCE FL**

TITLE **D** ☒ DELETE
NAME **ANDERSON, JOHN**
STREET ADDRESS **212 DEERWOOD LANE**
CITY-ST-ZIP **FT PIERCE FL**

TITLE **V** ☐ DELETE
NAME **WHISNER, KENNETH**
STREET ADDRESS **210 DEERWOOD LANE**
CITY-ST-ZIP **FT PIERCE FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE **T**
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **D**
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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

TREASURER ☒ Change ☐ Addition
DREW, KARON
208 ROSEWOOD DR
FT PIERCE, FL 34947

SANDRA JOHNSON ☐ Change ☒ Addition
204 SANDALWOOD PR
FT. PIERCE, FL 34947

SECRETARY ☐ Change ☒ Addition
DEANNA WHISNER
210 DEERWOOD LANE
FT PIERCE, FL 34947

14. 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 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

7/29/98

561-447-3075

x6319

CR2E037 (10/97)