## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**19**98 DOCUMENT #
1. Corporation Name

(0)

SANDALWOOD ESTATES PROPERTY OWNER'S ASSOCIATION,

INC.					
Principal Place	e of Business	Mailing Address		ו ונשוף ווישרט פוספי וגושי שוונט פוסנט וושפו פוונט פוסנט ווישרו פוונט פוסנט	11911 310ft 0)Ett <del>1</del> 3811 1091
210 DEERWOO FT. PIERCE FL US		210 DEERWOOD LANE FT PIERCE FL 34947 US		Date Incorporated or Qualified     04/30/1979	
•••				4. FEI Number	Applied For Not Applicable
2. Principal Pl	lace of Business	2a. Mailing Address		59-2776229	\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State	8	City & State		7. Is this nonprofit corporation a homeowners a	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curren	nt year Intangible
24	25	29 3	0	Personal Property Tax due June 30.	
	9. Name and Address of Current	t Registered Agent	04 11	10. Name and Address of New Registered Ag	ent
			81 Name		
DREW, KARON 2816 JEFFERSON PKWY 208 ROSEWOOD DR FT. PIERCE FL 34948 34947		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
FT PIFE	RCFFI 14046.	KUSI-WUUD DK	83		
1 11 1 10	0 7	797	84 City		85 Zip Code
				Իև∣	·
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State m familiar with, and accept the spliga	of Florida. Such change was aut	thorized by the coro	corporation submits this statement for the purpose of choration's board of directors. I hereby accept the appoint	hanging its registered htment as registered
_	- 1 Jan 1 1 1				
SIGNATURE _	Karon Va			.,	
	Signature, typed or printed name of registered ager	nt and little if applicable. (NOTE. F	Registered Agent signature r		IBECTORS IN 12
12.	Signature, typed or printed name of registered ager OFFICERS AND	nt and little if applicable. (NOTE. F	Registered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12 Change    Addition
	Signature, typed or printed name of registered ager OFFICERS AND	nt and little if applicable. (NOTE. F D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	
12. TITLE	Signature, typed or printed name of registered ager OFFICERS AND	nt and little if applicable. (NOTE. F D DIRECTORS	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND D	
12. TITLE NAME	Signature, Speed or printed name of registered ages OFFICERS AND PD THOMAS, TODD	nt and little If applicable. (NOTE: F D DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City-ST-Zip	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
12. TITLE NAME STREET ADDRESS	Signator, Speed or printed name of registered ager OFFICERS AND PD THOMAS, TODO 89 PINEWOOD LANE FT. PIERCE FL ST	nt and little if applicable. (NOTE. F D DIRECTORS	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND D	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature. Speed or printed name of registered ager OFFICERS AND PD THOMAS, TODO 69 PINEWOOD LANE FT. PIERCE FL ST DREW, KARON	nt and little If applicable. (NOTE: F D DIRECTORS DELETE	13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition
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CITY-ST-ZIP

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.

7/20/08