

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90021 018 ****61.25

DOCUMENT # 746976

1. Corporation Name

SANDALWOOD ESTATES PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business

210 DEERWOOD LANE
FT. PIERCE FL 34947
US

Mailing Address

210 DEERWOOD LANE
FT PIERCE FL 34947
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

04/30/1979

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

9. Name and Address of Current Registered Agent

DREW, KARON
208 ROSEWOOD DR
FT. PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name **ANGELA PETERKIN**
82 Street Address (P.O. Box Number is Not Acceptable)
87 SANDALWOOD DR
83 **FT PIERCE**
84 City **FL** 85 Zip Code **34947**

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)

6/3/99

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
DREW, KARON
208 ROSEWOOD DR
FT PIERCE FL 34947** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOHNSON, SANDRA
204 SANDALWOOD DR
FT PIERCE FL 34947** ☐ DELETE

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WHILSNER, DEANNE
210 DEERWOOD LANE
FT PIERCE FL 34947** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WHILSNER, DEANNE
210 DEERWOOD LANE
FT PIERCE FL 34947** ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☒ Change ☐ Addition

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

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/99

Date

Daytime Phone #

CR2E037 (11/98)

0074166