

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747072

FILED
Mar 17, 2009
Secretary of State

Entity Name: THE SANDALWOOD CLUB ASSOCIATION, INC.

Current Principal Place of Business:

3001 EXECUTIVE DR.
SUITE 260
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

3001 EXECUTIVE DR.
SUITE 260
CLEARWATER, FL 33762

New Mailing Address:

5001 FOURTH STREET NORTH
SUITE A
ST. PETERSBURG, FL 33734

FEI Number: 59-2131393

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

LANG & BROWN, PA
5001 FOURTH STREET NORTH
SUITE A
ST. PETERSBURG, FL 33734 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICHOLAS LANG, PA

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LACROIX, ELAINE
Address: 10800 US HWY 19 RD N #109
City-St-Zip: PINELLAS PARK, FL 33782

Title: VD () Delete
Name: PRENTISS, BARBARA
Address: 10800 U.S. HWY 19 N. #217
City-St-Zip: PINELLAS PARK, FL 33782

Title: TD () Delete
Name: DEREXSON, CHARLES
Address: 10800 U.S. HWY. 19 N. #116
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: SIMMONS, SHARON
Address: 10800 US HWY 19 N #118
City-St-Zip: PINELLAS PARK, FL 33782

Title: SD () Delete
Name: PETERS, ALEXIS
Address: 10800 US HWY. 19, NO. #216
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE LACROIX

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date