

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90032 001 ****61.25

DOCUMENT # 748244

1. Entity Name
SANDALWOOD CONDOMINIUM MOTEL ASSOCIATION, INC.



Principal Place of Business
**17100 GULF BLVD
N REDINGTON BCH, FL 33708**

Mailing Address
**17100 GULF BLVD
N REDINGTON BCH, FL 33708**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1963113

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITELEY, GEORGE
17100 GULF BLVD
N REDINGTON BEACH, FL 33708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME WHITELEY, GEORGE
STREET ADDRESS 3 W. ENDFIELD
CITY - ST - ZIP FEASTERVILLE TREVOSE, PA 19053

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE SD ☐ Delete
NAME EWING, GINGER
STREET ADDRESS 15407 DEERGLEN DR
CITY - ST - ZIP TAMPA, FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE TD ☐ Delete
NAME KENNY, ETHEL
STREET ADDRESS 11770-5TH STREET, E.
CITY - ST - ZIP SAINT PETERSBURG, FL 33706

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D ☐ Delete
NAME TOMBERG, MARVIN
STREET ADDRESS 323 W NORTH ST
CITY - ST - ZIP ITASCA, IL 60143

TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS
CITY - ST - ZIP

TITLE VD ☒ Delete
NAME TRAYNOR, DAVID
STREET ADDRESS 11706 ROLLING OAKS LANE
CITY - ST - ZIP TAMPA, FL 33624

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/05

Date

727-397-5541

Daytime Phone #