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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **748548** (5)
1. Corporation Name
THE SANDALWOOD CONDOMINIUM ASSOCIATION AT WILDWOOD, INC.

Principal Place of Business Mailing Address
12000 SANDALWOOD DR WILDWOOD FL 34785 US **12000 SANDALWOOD DR WILDWOOD FL 34785 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/16/1979** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-1932730** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**CHRISTENSEN, ELIZABETH
13203 SANDALWOOD DR
WILDWOOD FL 34785**

10. Name and Address of New Registered Agent

B1 Name **Sam Pondolfino**

B2 Street Address (P.O. Box Number is Not Acceptable) **16104 Sandalwood Drive**

B3

B4 City **Wildwood FL** B5 Zip Code **34785**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Sam Pondolfino* **Sam Pondolfino, Pres.** DATE **2/21/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1 1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, THOMAS	1 2 NAME	Sam Pondolfino
STREET ADDRESS	13-202 SANDALWOOD DR	1 3 STREET ADDRESS	16104 Sandalwood Drive
CITY-ST-ZIP	WILDWOOD FL	1 4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	VD	2 1 TITLE	Treasurer D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, ABILEE	2 2 NAME	Donna Longcole
STREET ADDRESS	21203 SANDALWOOD DR	2 3 STREET ADDRESS	15102 Sandalwood Drive
CITY-ST-ZIP	WILDWOOD FL	2 4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	T	3 1 TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, WILLIAM	3 2 NAME	Ed Koch
STREET ADDRESS	14-201 SANDALWOOD DR	3 3 STREET ADDRESS	17104 Sandalwood Drive
CITY-ST-ZIP	WILDWOOD FL	3 4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	S	4 1 TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, EUGENIA	4 2 NAME	Sidney Kleinman
STREET ADDRESS	18-103 SANDALWOOD DR	4 3 STREET ADDRESS	19203 Sandalwood Drive
CITY-ST-ZIP	WILDWOOD FL	4 4 CITY-ST-ZIP	Wildwood FL 34785
TITLE	D	5 1 TITLE	Secretary D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, ELIZABETH	5 2 NAME	Mary DeBore
STREET ADDRESS	13-203 SANDALWOOD DR	5 3 STREET ADDRESS	P.O. 599
CITY-ST-ZIP	WILDWOOD FL	5 4 CITY-ST-ZIP	Wildwood FL 34785
TITLE		6 1 TITLE	
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, on an attachment with an address.

SIGNATURE: *Sam Pondolfino* **Sam Pondolfino** DATE **2/21/95** 9047483821