

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **748548** (5)

1. Corporation Name
THE SANDALWOOD CONDOMINIUM ASSOCIATION AT WILDWOOD, INC.



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

3. Date Incorporated or Qualified: 08/16/1979
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	59-1932730	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
~~PONDOLFINO, SAM~~
16104 SANDALWOOD DRIVE
WILDWOOD FL 34785

10. Name and Address of New Registered Agent
81 Name: Larry Morris
82 Street Address (P.O. Box Number is Not Acceptable): 14-202 Sandalwood Dr
84 City: Wildwood FL 85 Zip Code: 34785

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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: *[Signature]* (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PONDOLFINO, SAM	
STREET ADDRESS	16104 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOUGCORE, DONNA	
STREET ADDRESS	18102 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOCH, ED	
STREET ADDRESS	17104 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEINMAN, SIDNEY	
STREET ADDRESS	19203 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEBOSE, MARY	
STREET ADDRESS	P O BOX 599 N/A	
CITY-ST-ZIP	WILDWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Larry Morris	
1.3 STREET ADDRESS	14-202 Sandalwood Drive	
1.4 CITY-ST-ZIP	Wildwood FL 34785	
2.1 TITLE	Director/Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elizabeth Christensen	
2.3 STREET ADDRESS	13-203 Sandalwood Drive	
2.4 CITY-ST-ZIP	Wildwood FL 34785	
3.1 TITLE	Director/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	William Yeager	
3.3 STREET ADDRESS	14-201 Sandalwood Drive	
3.4 CITY-ST-ZIP	Wildwood FL 34785	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700001760967	
5.3 STREET ADDRESS	-03/28/96--01041--040	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.07(3)(k), 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 recorder 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.

SIGNATURE: *[Signature]* Larry B. Morris 2/13/96 3527483821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)