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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34785-6166 US
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3. Date Incorporated or Qualified 08/16/1979	3a. Date of Last Report 03/27/1996
4. FEI Number 59-1932730	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**MORRIS, LARRY
14-202 SANDALWOOD DR
WILDWOOD FL 34785**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
FL **85** Zip Code

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 Larry B. Morris DATE 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MORRIS, LARRY	
STREET ADDRESS	14-202 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, ELIZABETH	
STREET ADDRESS	13-203 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	YEAGER, WILLIAM	
STREET ADDRESS	14-201 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DT Coleman Tamara
3.3 STREET ADDRESS	23101 Sandalwood Drive
3.4 CITY-ST-ZIP	Wildwood FL 34785
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DS DeRose Mary
4.3 STREET ADDRESS	14204 Sandalwood Drive
4.4 CITY-ST-ZIP	Wildwood FL 34785
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Feeley, Jack
5.3 STREET ADDRESS	21-103 Sandalwood Drive
5.4 CITY-ST-ZIP	Wildwood FL 34785
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 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.

SIGNATURE: Cam DATE: 4/21/97 TIME: 05:27 PHONE: 7483821
SIGNATURE AND TYPED OR PRINTED NAME OF RETURNING OFFICER OR DIRECTOR

CR2E037 (9/96)