


FILE NOW: FILING FEE IS \$61.25

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**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified
08/16/1979

4. FEI Number
59-1932730

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input checked="" type="checkbox"/>
NAME	MORRIS, LARRY	
STREET ADDRESS	14-202 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DVP	<input checked="" type="checkbox"/>
NAME	CHRISTENSEN, ELIZABETH	
STREET ADDRESS	13-203 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DT	<input type="checkbox"/>
NAME	COLEMAN, TAMARA	
STREET ADDRESS	23101 SANALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	DS	<input checked="" type="checkbox"/>
NAME	DEBOSE, MARY	
STREET ADDRESS	14204 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/>
NAME	FEELEY, JACK	
STREET ADDRESS	21-103 SANDALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Mary M. Moriarty		
1.3 STREET ADDRESS	12-204 Sandalwood Dr.		
1.4 CITY-ST-ZIP	Wildwood FL 34785		
2.1 TITLE	DVP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Marie Coleman		
2.3 STREET ADDRESS	21-102 Sandalwood Dr		
2.4 CITY-ST-ZIP	Wildwood FL		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Same		
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D Tr	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Robert Mothersbaugh		
4.3 STREET ADDRESS	12-104 Sandalwood Dr.		
4.4 CITY-ST-ZIP	Wildwood FL		
5.1 TITLE	DV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Feeley Jack		
5.3 STREET ADDRESS	21-103 Sandalwood		
5.4 CITY-ST-ZIP	Wildwood FL		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. 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 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: Mary M. Moriarty Date: 3/16/98 Daytime Phone #: 748-3821

CR2E037 (10/97)