

APPROVED
 FILED
 1999 MAR 22

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

007-600

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 748548

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

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/16/1979
22. City & State	27. City & State	4. FEI Number 59-1932730
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

MORRIS, LARRY
 14-302 SANDALWOOD DR.
 WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name
 Mary M. Moriarty

82 Street Address (P.O. Box Number is Not Acceptable)
 16-102 Sandalwood Dr

83 City
 Wildwood

84 State
 FL

85 Zip Code
 34785

11. Pursuant to the provisions of Sections 817.0502 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 *Mary M. Moriarty* DATE 3/19/99

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MORIARTY, MARY M	
STREET ADDRESS	12-204 SANDLEWOOD DR	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COLEMAN, MARIE	
STREET ADDRESS	21-102 SANDAL WOOD DR	
CITY-ST-ZIP	WILDWOOD FL 34185	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	COLEMAN, TAMARA	
STREET ADDRESS	23101 SANALWOOD DRIVE	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MOTHERBAUGH, ROBERT	
STREET ADDRESS	12-104 SANDAL WOOD DR	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FEELEY, JACK	
STREET ADDRESS	21-103 SANDAL WOOD	
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

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	16-102 Sandalwood Drive	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, with all other like empowered.

SIGNATURE: *Mary Moriarty* DATE: 3-24-99

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CR2E037 (11/98)