

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90216 034 \*\*\*\*61.25

**DOCUMENT # 748548**

1. Entity Name

**THE SANDALWOOD CONDOMINIUM ASSOCIATION AT WILDWO**

Principal Place of Business

12000 SANDALWOOD DR  
 WILDWOOD FL 34785  
 US

Mailing Address

12000 SANDALWOOD DR  
 WILDWOOD FL 34785  
 US

*Business Address of each Director*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1932730

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORIARTY, MARY M  
 16-102 SANDALWOOD DR.  
 WILDWOOD FL 34785

*President/Treasurer*

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reselecting)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 DP MILLER, TOM *D*  Delete  
 15-102 SANDALWOOD DR  
 WILDWOOD FL 34785 *Secretary*

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Tom Patterson *D*  Change  Addition  
 23-104 Sandalwood Dr. *Member at Large*  
 Wildwood, FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 DS CHAMPAGNE, CAROL *Deceased*  Delete  
 15-104 SANDALWOOD DR  
 WILDWOOD FL 34185

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Trefle LeBlanc *D*  Change  Addition  
 22-101 Sandalwood Dr. *Member at Large*  
 Wildwood, FL 34785

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 DV FEELEY, JACK *D Vice President*  Delete  
 21-103 SANDALWOOD  
 WILDWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change  Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary Moriarty* **SIGNATURE REQUIRED** *President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/01

352-748-3821

Date

Daytime Phone #

CR2007 (10/00)