

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90045 019 ****61.25

DOCUMENT # 748548

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1932730**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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**

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: *Mary M. Moriarty, President*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARY M. MORIARTY 1/30/02

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	DPS	<input type="checkbox"/> Delete
NAME	MILLER, TOM	
STREET ADDRESS	15-102 SANDALWOOD DR	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	FEELEY, JACK	
STREET ADDRESS	21-103 SANDAL WOOD	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PATTERSON, TOM	
STREET ADDRESS	23-104 SANDALWOOD DR	
CITY-ST-ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEBLANC, TREFFLE	
STREET ADDRESS	22-101 SANDALWOOD DR	
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"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 M. MORIARTY, President

1/30/02 352 748 3821

CR2E037 (9/01)