


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90015 001 ****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		4. FEI Number 59-1932730	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERSE, THOMAS R		NAME	Hense, Thomas R.	
STREET ADDRESS	1348 BIG HORN DR		STREET ADDRESS	1348 Big Horn Drive	
CITY-ST-ZIP	ARKDALE, WI 54613		CITY-ST-ZIP	Arkdale WI 54613	
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	Member at Large	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEELEY, JACK		NAME	Feeley Jack	
STREET ADDRESS	21-103 SANDAL WOOD		STREET ADDRESS	21103 Sandalwood Drive	
CITY-ST-ZIP	WILDWOOD, FL		CITY-ST-ZIP	Wildwood FL 34785	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STURNOB, DOROTHY		NAME	Kates Walter	
STREET ADDRESS	2403 SANDALWOOD DR		STREET ADDRESS	17204 Sandalwood Drive	
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP	Wildwood, FL 34785	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBLANC, TREFFLE		NAME		
STREET ADDRESS	22-101 SANDALWOOD DR		STREET ADDRESS		
CITY-ST-ZIP	WILDWOOD, FL 34785		CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Dorothy Sturnob</i>			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					