


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90045 002 \*\*\*\*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**

**40000549**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01052005 Chg-NP CR2E037 (10/03)

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**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$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 NAME STREET ADDRESS CITY-ST-ZIP	VP HERSE, THOMAS R 1348 BIG HORN DR ARKDALE, WI 54613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HENSE, THOMAS R
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL FEELEY, JACK 21103 SANDLWOOD DRIVE WILDWOOD, FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STURNOB, DOROTHY 2403 SANDALWOOD DR WILDWOOD, FL 34785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALTER, KALES 17204 SANDLWOOD DRIVE WILDWOOD, FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KATES, WALTER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SAC STURNSOLO, JAMIE 24-103 SANDALWOOD DR. WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MORIARTY, MARY 16-102 SANDALWOOD DR WILDWOOD, FL 34785

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** *1/10/05* **1352 748 3821**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #