


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 NOV 19 PM 4:42


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box #	3. Mailing Address	07042007 Chg-NP CR2E037 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

REINSTATE



07

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 <u>RON A. BURROUGHS, PRESIDENT</u> Street Address (P.O. Box Number is Not Acceptable) <u>12000 SANDALWOOD DRIVE</u> City <u>Wildwood,</u> FL Zip Code <u>34785</u>
---	--

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 *R.A. Burroughs* R.A. BURROUGHS 11-12-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 14, 2007	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 NAME STREET ADDRESS CITY-ST-ZIP	VPMA HENSE, THOMAS R 1348 BIG HORN DR ARKDALE, WI 54613 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT WOJICK, MICHAEL 12000 SANDALWOOD DRIVE WILDWOOD, FL 34785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOBBIOUS, MELVYN 5423 ROYAL OAKS DR FRUITLAND PARK, FL 34731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER COLEMAN, KEITH 12000 SANDALWOOD DRIVE, WILDWOOD, FL 34785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP BURROUGHS, RONALD A 16204 SANDALWOOD DR WILDWOOD, FL 34785 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT & TREASURER BURROUGHS, RONALD 12000 SANDALWOOD DRIVE, WILDWOOD, FL 34785 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STURNIOLO, JAMIE 24106 SANDALWOOD DR WILDWOOD, FL 34785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ELLIOTT, RHODENE 12000 SANDALWOOD DRIVE, WILDWOOD, FL 34785 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORIARN, MARY 16102 SANDALWOOD DR WILDWOOD, FL 34785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *R.A. Burroughs* R.A. BURROUGHS 11-12-07 352-748-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #