

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748548

FILED
Apr 13, 2009
Secretary of State

Entity Name: THE SANDALWOOD CONDOMINIUM ASSOCIATION AT WILDWOOD, INC.

Current Principal Place of Business:

12000 SANDALWOOD DR
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

12000 SANDALWOOD DR
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: 59-1932730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BURROUGHS, RON A
12000 SANDALWOOD DR
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: BURROUGHS, RONALD
Address: 12000 SANDALWOOD DR
City-St-Zip: WILDWOOD, FL 34785 US

Title: VP () Delete
Name: COLEMAN, KEITH
Address: 12000 SANDALWOOD DR
City-St-Zip: WILDWOOD, FL 34785 US

Title: BM () Delete
Name: DOBBINS, MEL
Address: 12000 SANDALWOOD DR
City-St-Zip: WILDWOOD, FL 34785 US

Title: S () Delete
Name: RHODENE, ELLIOT
Address: 12000 SANDALWOOD DR
City-St-Zip: WILDWOOD, FL 34785 US

Title: BM () Delete
Name: WOJICK, MICHAEL
Address: 12000 SANDALWOOD DR
City-St-Zip: WILDWOOD, FL 34785 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: KILPATRICK, SUSAN
Address: 12000 SANDALWOOD DR
City-St-Zip: WILDWOOD, FL 34785 US

Title: BM (X) Change () Addition
Name: COLEMAN, KEITH
Address: 12000 SANDALWOOD DR
City-St-Zip: WILDWOOD, FL 34785 US

Title: S (X) Change () Addition
Name: ELLIOTT, RHODENE
Address: 12000 SANDALWOOD DR
City-St-Zip: WILDWOOD, FL 34785 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD BURROUGHS

PT

04/13/2009

Electronic Signature of Signing Officer or Director

Date