

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764157

1. Entity Name

SANDALWOOD OF VERO HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% J.J. MCHUGH, JR.  
333 17TH ST., SUITE U  
VERO BEACH FL 32960

Mailing Address

% J.J. MCHUGH, JR.  
333 17TH ST., SUITE U  
VERO BEACH FL 32960-5687

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCHUGH, JOHN J., JR.  
333 17TH ST.  
SUITE U  
VERO BEACH FL 32960

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

4. FEI Number

59-2251555

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	KWEK, DORIS	
STREET ADDRESS	C/O 333 17TH STREET, SUITE U	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MCHUGH, JOHN J., JR.	
STREET ADDRESS	% 333 17TH ST, STE "U"	
CITY-ST-ZIP	VERO BCH. FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATHENY, SHANON-	
STREET ADDRESS	333 17 ST STE U	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE	D	<input type="checkbox"/> Delete
NAME	SACKMAN, DAVID	
STREET ADDRESS	333 17 ST STE U	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Karen Sue	
STREET ADDRESS	333 17th Street, Suite U	
CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (9/99)