

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90020 047 ****61.25



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2251555		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
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	
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 _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KWEK, DORIS C/O 333 17TH STREET, SUITE U VERO BEACH FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input type="checkbox"/> Delete MCHUGH, JOHN J., JR. % 333 17TH ST, STE "U" VERO BCH. FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DAVIS, KAREN S 333 17 ST STE U VERO BCH FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SACKMAN, DAVID 333 17 ST STE U VERO BCH FL 32960	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Director</i> 1-2-2001	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E037 (10/00)