

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2004 8:00 am**  
**Secretary of State**

04-02-2004 90066 015 \*\*\*\*61.25

**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  
C/O J.J. MCHUGH, JR.  
PO BOX 971  
VERO BEACH, FL 32961

64033407



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272004 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2251555

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 May 1, 2004**

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**

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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04  
Date

Daytime Phone #