

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H08603 (3)

1. Corporation Name
SANDALWOOD PARK HOMEOWNERS, INC.

Principal Place of Business C/O KENNETH HOLLINGER 500 LONGWOOD DRIVE VENICE FL 34292	Mailing Address C/O KENNETH HOLLINGER 500 LONGWOOD DRIVE VENICE FL 34292-3623
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3. Date Incorporated or Qualified 06/19/1984	3a. Date of Last Report 02/29/1996
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2. Principal Place of Business 21. 300 Sandpiper Drive Suite, Apt. #, etc. 22. City & State 23. Venice FL Zip 24. 34292	2a. Mailing Address 26. 300 Sandpiper Drive Suite, Apt. #, etc. 27. City & State 28. Venice FL Zip 29. 34292	Country 25. Sarasota 30. Sarasota
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4. FEI Number 59-2453973	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KENNETH HOLLINGER
500 LONGWOOD DR.
VENICE, FL 34292

10. Name and Address of New Registered Agent
81 Name
WILLIAM R. KOPF
82 Street Address (P.O. Box Number is Not Acceptable)
333 S. TAMMAM, TRAIL
83
84 City
VENICE
FL
85 Zip Code
34285

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *William R. Kopf* DATE 2-10-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P BUKOWSKI, HENRY 424 BOXWOOD DR VENICE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VP ROY, WILLIAM 440 SPRUCE AVE VENICE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T LUDWIG ARMBRUSTER, 391 LONGWOOD DR. VENICE FL 34292
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S SAMMONS, MARY JO 431 BOXWOOD DR VENICE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D BAKOWSKI, HENRY 424 BOXWOOD DR. VENICE FL 34292
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	AT SEMBER, NANCY 407 LONGWOOD DR VENICE FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (9/96)