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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00435 (0)
1. Corporation Name
VILLAGE OF SANDALWOOD LAKES NORTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: % M.J. CHAMBERS, 147 HERITAGE WAY, WEST PALM BEACH FL 33407
Mailing Address: % M.J. CHAMBERS, 147 HERITAGE WAY, WEST PALM BEACH FL 33407-6867

3. Date Incorporated or Qualified: 12/19/1983
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business: 21. Suite, Apt. #, etc.:
22. City & State: West Palm Beach, FL
23. Zip: 33409
24. Country: U.S.A.

4. FEI Number: 59-2360023
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CHISHMARK, GEORGE E JR
901 NORTHPOINT PKWY. SUITE 102
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent
81. Name: Edward Dicker
82. Street Address (P.O. Box Number is Not Acceptable): 500 Australian Ave., St. 600
83.
84. City: West Palm Beach FL 85. Zip Code: 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0508, Florida Statutes.
SIGNATURE: Edward Dicker of St John Dicker Captain DATE: 3/17/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, MARY J	
STREET ADDRESS	147 HERITAGE WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WEST, JASON F.	
STREET ADDRESS	215 CHARTER WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LUBOWICZ, NESTOR G	
STREET ADDRESS	258 CHARTER WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	IEHMAN, PHYLL	
STREET ADDRESS	256 CHARTER WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GREENE, GARY S.	
STREET ADDRESS	168 CHARTER WAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Laura Lavoie	
1.3 STREET ADDRESS	253 Charter Way	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lehman, Phyll	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input checked="" 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura Lavoie*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Daytime Phone # 0040501



CR2E037 (9/96)