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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N00435**

1. Corporation Name
VILLAGE OF SANDALWOOD LAKES NORTH HOMEOWNERS ASS OCIATION, INC.

Principal Place of Business
% M.J. CHAMBERS
147 HERITAGE WAY
WEST PALM BEACH FL 33407

Mailing Address
MMI OF THE PALM BEACHES
1860 OLD OKEECHOBEE RD., SUITE 511
WEST PALM BEACH FL 33409
US

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 12/19/1983

4. FEI Number: 59-2360023 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DICKER, EDWARD
500 AUSTRALIAN AVE., SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	LAVOIE, LAURA		1.2 NAME	Conner, Dennis	
STREET ADDRESS	253 CHARTER WAY		1.3 STREET ADDRESS	194 Charter Way	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	VD	☒ DELETE	2.1 TITLE	VP/D	☐ Change ☒ Addition
NAME	LUBOWICZ, NESTOR G		2.2 NAME	Jason West	
STREET ADDRESS	258 CHARTER WAY		2.3 STREET ADDRESS	215 Charter Way	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEHMAN, PHYLL		3.2 NAME		
STREET ADDRESS	256 CHARTER WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	GREENE, GARY S.		4.2 NAME	Janice Drake	
STREET ADDRESS	168 CHARTER WAY		4.3 STREET ADDRESS	213 Charter Way	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		☐ DELETE	5.1 TITLE	T/D	☐ Change ☒ Addition
NAME			5.2 NAME	John M. Saroka	
STREET ADDRESS			5.3 STREET ADDRESS	171 Heritage Way	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Barbata Mourguiart	
STREET ADDRESS			6.3 STREET ADDRESS	259 Charter Way	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	West Palm Beach, FL 33409	

CR2E037. (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/23/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #