

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00435

1. Entity Name

VILLAGE OF SANDALWOOD LAKES NORTH HOMEOWNERS ASS

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90902 040 ****61.25

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 33409-5242
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2360023

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

PD
CONNER, DENNIS
194 CHARTER WAY
WEST PALM BEACH FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
WEST, JASON
215 CHARTER WAY
WEST PALM BEACH FL 33409

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
Lees, Sandra
132 Heritage Way
West Palm Beach, FL 33409

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
DRAKE, JANICE
213 CHARTER WAY
WEST PALM BEACH FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
SAROKA, JOHN M
171 HERITAGE WAY
WEST PALM BEACH FL 33409

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPD
Saroka, John M.
171 Heritage Way
West Palm Beach, FL 33409

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MOURGUIART, BARBATA
259 CHARTER WAY
WEST PALM BEACH FL 33409

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/2000

Date

Daytime Phone #

CR2E037 (9/99)