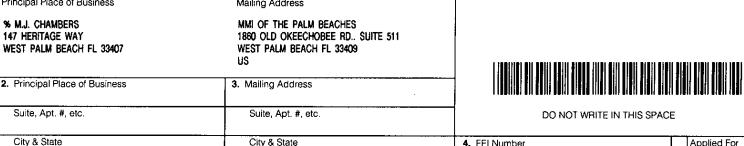
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00435 1. Entity Name VILLAGE OF SANDALWOOD LAKES NORTH HOMEOWNERS ASS Principal Place of Business Mailing Address

FILED May 10, 2001 8:00 am Secretary of State

05-10-2001 90102 050 ****61.25



2. Principal	Place of Busin	ness	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State		4. FEI Numb	4. FEI Number 59-2360023			or icable
Zip Country		Zip Country		5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Current F	Registered Agent		7. Name and	Address of New Regis	tered Agent		
DICKER, EDWARD 500 AUSTRALIAN AVE., SUITE 600 WEST PALM BEACH FL 33401					Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
8. The above		y submits this statement for	the purpose of changing its r		or registered agent, or bo				
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing \$5.0 Trust Fund Contribution. Added		\$5.00 May Be Added to Fees	Make Check Payable to Department of State			
10.		OFFICERS AND DIRE	ECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS A	ND DIRECTO	RS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DENNIS RTER WAY LM BEACH FL 33409	⊠ • Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIORIO DON 216 CHARTE	WA R WAY LACK H 33407	□ Ch	nange 🗲 Ad	ldition
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TITLE			☐ Delete	TITLE			☐ Chi	ange 🔲 Add	dition

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.

STREET ADDRESS

CITY-ST-7IP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E037 (10/00)