2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# N00435

Entity Name: VILLAGE OF SANDALWOOD LAKES NORTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

901 NORTHPOINT PKWY
#108
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

901 NORTHPOINT PKWY
#108
WEST PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 59-2360023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRLD INC
201 ALHAMBRA CIRCLE
TE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DIORIO, DONNA
Address: 216 CHARTER WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: PD ( ) Delete
Name: GREENE, LARY
Address: 168 HERITAGE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: STD ( ) Delete
Name: SAROKA, JOHN M
Address: 171 HERITAGE WAY
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change ( ) Addition
Name: SLACUM, MATTHEW
Address: 263 CHARTER WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: PD (X) Change ( ) Addition
Name: GREENE, GARY
Address: 168 HERITAGE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY GREENE P 04/23/2004

Electronic Signature of Signing Officer or Director — Date