

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90030 041 ****61.25

DOCUMENT # N00435 1. Entity Name VILLAGE OF SANDALWOOD LAKES NORTH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 901 NORTHPOINT PKWY #108 WEST PALM BEACH, FL 33407			Mailing Address 901 NORTHPOINT PKWY #108 WEST PALM BEACH, FL 33407 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SKRLD INC 201 ALHAMBRA CIRCLE TE 1102 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SLACUM, MATTHEW 263 CHARTER WAY WEST PALM BEACH, FL 33407 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SLD Lees, SANDRA 132 HERITAGE WAY West Palm Beach FL 33407 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, GARY 168 HERITAGE WAY WEST PALM BEACH, FL 33407 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ID Drake, JANICE 213 Charter Way West Palm Beach FL 33407 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAROKA, JOHN M 171 HERITAGE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 exemptions contained in Chapter 119, 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: <i>Matthew Slacum</i>			Date: <i>1/10/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					