


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90035 038 \*\*\*\*61.25

<b>DOCUMENT # N00435</b> 1. Entity Name <b>VILLAGE OF SANDALWOOD LAKES NORTH HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>901 NORTHPOINT PKWY #108 WEST PALM BEACH, FL 33407</b>			Mailing Address <b>901 NORTHPOINT PKWY #108 WEST PALM BEACH, FL 33407 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-2360023</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SKRLD INC 201 ALHAMBRA CIRCLE TE 1102 CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
SD LEES, SANORA 132 HERITAGE WAY WEST PALM BEACH, FL 33407		D MIKE BOLIN 179 CHARTER WY WEST PALM BEACH FL 33407			
PD GREENE, GARY 168 HERITAGE WAY WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
STD SAROKA, JOHN M 171 HERITAGE WAY WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D DRAKE, JANICE 213 CHARTER WY WEST PALM BEACH, FL 33407		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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.					
<b>SIGNATURE:</b> <i>Gary S. Boone</i> <span style="float: right;">3/30/07 561-686-7818</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					