


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90036 011 ****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 - No P.O. Box # Suite, Apt. #, etc. 307		3. Mailing Address Suite, Apt. #, etc. 307																																																																																																																					
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2360023																																																																																																																			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 5px;"> 6. Name and Address of Current Registered Agent SKRLD INC 201 ALHAMBRA CIRCLE TE 1102 CORAL GABLES, FL 33134 </td> <td colspan="3" style="padding: 5px;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>						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																																																																																																														
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																																																																																																																			
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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: <u>GARY GREENE</u> GARY GREENE <u>4/8/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																							