

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00435

FILED
Apr 10, 2009
Secretary of State

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

Current Principal Place of Business:

901 NORTHPOINT PKWY
STE. 307
WEST PALM BEACH, FL 33407

New Principal Place of Business:

1201 US HIGHWAY ONE
SUITE 330
NORTH PALM BEACH, FL 33408

Current Mailing Address:

901 NORTHPOINT PKWY
STE. 307
WEST PALM BEACH, FL 33407 US

New Mailing Address:

1201 US HIGHWAY ONE
SUITE 330
NORTH PALM BEACH, FL 33408

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:

MCCLOSKEY D'ANNA DIETERLE LLC
2300 GLADES ROAD
SUITE 400
BOCA RATON, FL 33431 US

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: RONALD D'ANNA

04/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: DELL, KATHLEEN
Address: 151 HERITAGE WAY
City-St-Zip: WEST PALM BEACH, FL 33407

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

Title: D () Delete
Name: DRAKE, JANICE
Address: 213 CHFARTER WY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Delete
Name: BOLIN, MIKE
Address: 179 CHARTER WAY
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

04/10/2009

Electronic Signature of Signing Officer or Director

Date