## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)



**FILED** Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90160 021 \*\*\*\*61.25

DOCUMENT # N00435  Entity Name	
DOCUMENT # NOO435  . Entity Name  //LLAGE OF SANDALWOOD LAKES NORTH HOMEOWNERS ASS DOCIATION, INC.	

Principal Place of Business Mailing Address %-M.J. CHAMBERS MY MMI OF THE PALM BEACHES 1860 OLD OKEECHOBEE RD., SUITE 511 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33409 iis ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2360023 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -- : -- --- --SKRLD INC Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE TE 1102 CORAL GABLES FL 33134 City 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 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE - Addition ☐ Delete ☐ Change breene, Lary DIORIO, DONNA NAME N,ME 168 Heritage Way STREET ADDRESS 216 CHARTER WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 WAST Palm Black FI 33407 Delete TITLE TITLE ☐ Change ☐ Addition LEES, SANDRA NAME NAME STREET ADDRESS 132 HERITAGE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Delete TITLE TITLE Change ☐ Addition SAROKA, JOHN M NAME NAME STREET ADDRESS 171 HERITAGE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 of the corporation or the receiver or trustee\_emp nd accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 attact bther like empowered.

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