


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

01-26-2006 90027 002 \*\*\*\*61.25

<b>DOCUMENT # N03450</b>	
<b>1. Entity Name</b>	
SANDALWOOD ESTATES TOWNHOUSE HOMEOWNERS' ASSOCIATION, INC.	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
SANDALWOOD ESTATES 8890 SOMERSET BLVD FTMYERS FL 33919 US	SANDALWOOD ESTATES 8890 SOMERSET BLVD FTMYERS FL 33919 US



<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

<b>4. FEI Number</b>	<b>59-2739943</b>	<b>Applied For</b>
		<input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SHUE, FREDERICK J 8890 SOMERSET BLVD. FT. MYERS FL 33919	<b>Name</b>
	<b>Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>City</b>
	<b>FL</b> <b>Zip Code</b>

**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** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>T</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ATKINSON, ANDREW	<b>NAME</b>	
<b>STREET ADDRESS</b>	12923 ELM CREEK CT	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	FORT MYERS FL 3399	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PASQUALE, JULIUS	<b>NAME</b>	
<b>STREET ADDRESS</b>	1413 SE 26TH TERR.	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	CAPE CORAL FL	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VP</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	VANCE, ROOT	<b>NAME</b>	LEISHA ROY
<b>STREET ADDRESS</b>	12921 MEADOWOOD CT	<b>STREET ADDRESS</b>	12924 meadowood CT
<b>CITY-ST-ZIP</b>	FORT MYERS FL 33919	<b>CITY-ST-ZIP</b>	FORT MYERS, FL 33919
<b>TITLE</b>	<b>SD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	PELLERITO, PETER	<b>NAME</b>	
<b>STREET ADDRESS</b>	3730 SW 14TH PLACE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	CAPE CORAL FL	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>VD</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	ONEILL, CHARLES	<b>NAME</b>	
<b>STREET ADDRESS</b>	2342 KENT AVENUE	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	FORT MYERS FL 33907	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Julius Pasquale President JAN 19 2006 2394825881