

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03450

FILED
Mar 19, 2009
Secretary of State

Entity Name: SANDALWOOD ESTATES TOWNHOUSE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

SANDALWOOD ESTATES
8890 SOMERSET BLVD
FTMYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

SANDALWOOD ESTATES
8890 SOMERSET BLVD
FTMYERS, FL 33919 US

New Mailing Address:

FEI Number: 59-2739943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHUE, FREDERICK J
8890 SOMERSET BLVD.
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

ADAMS, JOSEPH E
14241 METROPOLIS AVENUE
SUITE 100
FT. MYERS, FL 33912 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: JOSEPH E. ADAMS

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ATKINSON, ANDREW
Address: 12923 ELM CREEK CT
City-St-Zip: FORT MYERS, FL 33999

Title: PD () Delete
Name: PASQUALE, JULIUS
Address: 1413 SE 26TH TERR.
City-St-Zip: CAPE CORAL, FL

Title: VP () Delete
Name: ROY, LEISHA
Address: 12924 MEADOWOOD CT
City-St-Zip: FORT MYERS, FL 33919

Title: SD () Delete
Name: EGGLESTON, JEAN
Address: 8991 SOMERSET BLVD
City-St-Zip: FORT MYERS, FL 33919

Title: VD (X) Delete
Name: LESSER, JARRAD
Address: 3977 SOMERSET BLVD
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ATKINSON, ANDREW
Address: 8890 SOMERSET BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: P (X) Change () Addition
Name: BELL, ERNEST
Address: 8890 SOMERSET BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: D (X) Change () Addition
Name: ROY, LEISHA
Address: 8890 SOMERSET BLVD.
City-St-Zip: FORT MYERS, FL 33919

Title: S (X) Change () Addition
Name: MCCLURE, STEPHEN
Address: 8890 SOMERSET BLVD
City-St-Zip: FORT MYERS, FL 33919

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: STEPHEN MCCLURE

S

03/19/2009

Electronic Signature of Signing Officer or Director

Date