2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N05000009090

Entity Name: SANDALWOOD OF NAPLES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

1881 TRADE CENTER WAY
NAPLES, FL 34109

New Principal Place of Business:

25110 BERNWOOD DRIVE, SUITE 101
BONITA SPRINGS, FL 34135

Current Mailing Address:

1881 TRADE CENTER WAY
NAPLES, FL 34109

New Mailing Address:

25110 BERNWOOD DRIVE, SUITE 101
BONITA SPRINGS, FL 34135

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FAGA, ANTONIO
7955 AIRPORT RD N SUITE 101
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: ANTONIO FAGA

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LONGO, DINO
Address: 1881 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: DV ( ) Delete
Name: BARRON, ARTHUR
Address: 1881 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: STD ( ) Delete
Name: HOUSER, JAMES
Address: 1881 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SVOBODA, BRIT
Address: 25110 BERNWOOD DRIVE, SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DV (X) Change ( ) Addition
Name: RASMUS, MARK
Address: 25110 BERNWOOD DRIVE, SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD (X) Change ( ) Addition
Name: NEILANDER, MARY ANN
Address: 25110 BERNWOOD DRIVE, SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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: BRIT SVOBODA PD 01/10/2007

Electronic Signature of Signing Officer or Director — Date