## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000009090

FILED Apr 30, 2009 Secretary of State

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

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
UITE 10				
	SPRINGS, FL 34135			
Current Mailing Address:		New Mailing Addres	s:	
UITE 10	RNWOOD DRIVE 1 SPRINGS, FL 34135			
El Number		FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
ame and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
VOBOD/				
5110 BEI JITE 10 <sup>.</sup> ONITA S	RNWOOD DRIVE 1 SPRINGS, FL 34135 US			
5110 BEI UITE 10 <sup>.</sup> ONITA S he above	RNWOOD DRIVE 1	urpose of changing its registere	ed office or registered agent, or both,	
5110 BEI JITE 10° DNITA S ne above the Stat	RNWOOD DRIVE 1 BPRINGS, FL 34135 US e named entity submits this statement for the p e of Florida. RE:		ed office or registered agent, or both,	
5110 BEI JITE 10° DNITA S ne above the Stat	RNWOOD DRIVE 1 SPRINGS, FL 34135 US e named entity submits this statement for the p e of Florida.		ed office or registered agent, or both,  Date	
5110 BEI UITE 10: ONITA S he above the Stat IGNATU	RNWOOD DRIVE 1 BPRINGS, FL 34135 US e named entity submits this statement for the p e of Florida. RE:	nt		
5110 BEI UITE 10: ONITA S he above the Stat IGNATU	RNWOOD DRIVE 1 SPRINGS, FL 34135 US e named entity submits this statement for the pee of Florida.  RE:  Electronic Signature of Registered Age	nt	Date	
5110 BEI UITE 10 ONITA S he above the Stat IGNATU  FFICER tte: ame: ddress:	RNWOOD DRIVE  SPRINGS, FL 34135 US  e named entity submits this statement for the ple of Florida.  RE:  Electronic Signature of Registered Age  S AND DIRECTORS:  PD () Delete SVOBODA, BRIT E 25110 BERNWOOD DRIVE, SUITE 101	nt  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO	

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: BRIT E SVOBODA PD 04/30/2009