2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N08000005860

Entity Name: SANDALWOOD BUSINESS CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

25110 BERNWOOD DR SUITE 101
BONITA SPRINGS, FL 34135

New Principal Place of Business:

25110 BERNWOOD DR
SUITE 101
BONITA SPRINGS, FL 34135

Current Mailing Address:

25110 BERNWOOD DR SUITE 101
BONITA SPRINGS, FL 34135

New Mailing Address:

25110 BERNWOOD DR
SUITE 101
BONITA SPRINGS, FL 34135

FEI Number: 26-3153906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SVOBODA, BRIT E
25110 BERNWOOD DR SUITE 101
BONITA SPRINGS, FL 34135 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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SVOBODA, BRIT E
Address: 25110 BERNWOOD DR SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD ( ) Delete
Name: RASMUS, MARK K
Address: 25110 BERNWOOD DR SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete
Name: SVOBODA, BRIT E
Address: 25110 BERNWOOD DR SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete
Name: RASMUS, MARK K
Address: 25110 BERNWOOD DR SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: NIELANDER, MARY ANNE
Address: 25110 BERNWOOD DR SUITE 101
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRIT E SVOBODA PD 04/30/2009

Electronic Signature of Signing Officer or Director — Date