

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR 23 PM 12:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N14166 (5)

1. Corporation Name

SANDALWOOD AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3746
BOYNTON BEACH FL 33424

P.O. BOX 3746
BOYNTON BEACH FL 33424

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1986

3a. Date of Last Report

06/13/1994

4. FEI Number

59-2656064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GELFAND & ARPE, PA
250 AUSTRALIAN AVE. S., SUITE 1010
W. PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD
TIMSON, DONNA
427 LIVE OAK LANE
BOYNTON BCH FL 33424**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PD
WILLIAM COLLINS**

708 Buttonwood Lane

Boynton Beach, FL. 33424

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
STREIFEL, PAUL
410 BUTTONWOODS LANE
BOYNTON BCH FL 33424**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**TR/D
PATRICIA NASH**

427 Live Oak Lane

Boynton Beach, FL. 33424

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD
SOROKA, ROBERT
737 BUTTONWOOD LANE
BOYNTON BCH. FL 33424**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**D
TODD GANSER**

709 Buttonwood Lane

Boynton Beach, FL. 33424

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
INDOVINA, YVETTE
757 BUTTONWOOD LANE
BOYNTON BCH FL 33424**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**D
TODD GANSER**

709 Buttonwood Lane

Boynton Beach, FL. 33424

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**B
BARRY, JAMES
121 BUTTONWOOD LANE
BOYNTON BCH FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

S/D

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with my address.

SIGNATURE: William Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/95

Daytime Phone #