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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14166** (5)

1. Corporation Name

**SANDALWOOD AT BOYNTON BEACH HOMEOWNERS ASSOCIATI
ON, INC.**

Principal Place of Business

Mailing Address

**220 CONGRESS PARK DRIVE
SUITE 130
DELRAY BEACH FL 33445**

**220 CONGRESS PARK DRIVE
SUITE 130
DELRAY BEACH FL 33445-4805**



3. Date Incorporated or Qualified
04/03/1986

3a. Date of Last Report
04/16/1996

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

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 **100 Buttonwood Ln.**

25 **100 Buttonwood Ln**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 **BOYNTON Bch, FL**

28 **BOYNTON Bch FL**

Zip

Country

Zip

Country

24 **33436**

25 **P.B.**

29 **33436**

30 **P.B.**

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 617.0502 and 617.1508, 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 617.0503, 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 **PD** ☐ DELETE
NAME **WICKLUND, DALE**
STREET ADDRESS **427 LIVE OAK LN**
CITY - ST - ZIP **BOYNTON BCH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **VD** ☐ DELETE
NAME **PREZOSI, FRANK**
STREET ADDRESS **703 BUTTONWOOD LN**
CITY - ST - ZIP **BOYNTON BCH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **SOROKA, ROBERT**
STREET ADDRESS **737 BUTTONWOOD LANE**
CITY - ST - ZIP **BOYNTON BCH. FL 33424**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **SD** ☒ DELETE
NAME **BARRY, JAMES**
STREET ADDRESS **121 BUTTONWOOD LANE**
CITY - ST - ZIP **BOYNTON BCH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE
NAME **MARYLIN METLER**
STREET ADDRESS **481 LIVE OAK LN**
CITY - ST - ZIP **BOYNTON Bch FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **ST THOMAS WALSH** ☐ DELETE
NAME **601 BUTTONWOOD LN**
STREET ADDRESS **BOYNTON Bch, FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address.

SIGNATURE: **Frank M. Preziosi**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0043170**

CR2E037 (9/96)