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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ASSOCIATION, INC.

Principal Place of Business 100 BUTTWOOD LN BOYNTON BCH FL 33436 US	Mailing Address 100 BUTTWOOD LN BOYNTON BCH FL 33436 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 04/03/1986
4. FEI Number 59-2656064
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WICKLUND, DALE	
STREET ADDRESS	427 LIVE OAK LN	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PREZOSI, FRANK	
STREET ADDRESS	703 BUTTWOOD LN	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SOROKA, ROBERT	
STREET ADDRESS	737 BUTTWOOD LANE	
CITY-ST-ZIP	BOYNTON BCH. FL 33424	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	METLER, MARYLIN	
STREET ADDRESS	431 LIVE OAK LN	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, THOMAS	
STREET ADDRESS	501 BUTTWOOD LN	
CITY-ST-ZIP	BOYNOTN BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES BARRY	
1.3 STREET ADDRESS	121 BUTTWOOD LN	
1.4 CITY-ST-ZIP	BOYNTON Bch., FL. 33436	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARILYN METIER	
2.3 STREET ADDRESS	431 LIVE OAK LN	
2.4 CITY-ST-ZIP	BOYNTON Bch., FL. 33436	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOUISE F. MANDS	
3.3 STREET ADDRESS	419 BUTTWOOD LN.	
3.4 CITY-ST-ZIP	BOYNTON Bch., FL 33436	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALAN BORRELLI	
4.3 STREET ADDRESS	719 BUTTWOOD LN	
4.4 CITY-ST-ZIP	BOYNTON Bch., FL. 33436	
5.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MANFRED STENGER	
5.3 STREET ADDRESS	516 LIVE OAK LN	
5.4 CITY-ST-ZIP	BOYNTON Bch., FL 33436	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: *James Barry* **3-23-98**

CR2E037 (10/97)