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04-01-1999 90100 012 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14166

1. Corporation Name

SANDALWOOD AT BOYNTON BEACH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

100 BUTTONWOOD LN  
BOYNTON BCH FL 33436  
US

Mailing Address

100 BUTTONWOOD LN  
BOYNTON BCH FL 33436  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/03/1986

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

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

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

TITLE PD ☐ DELETE

NAME BARRY, JAMES  
STREET ADDRESS 121 BUTTONWOOD LN  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D ☒ DELETE

NAME MANOS, LOUISE F.  
STREET ADDRESS 419 BUTTONWOOD LN  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE SD ☐ DELETE

NAME BORRELLI, ALAN  
STREET ADDRESS 719 BUTTONWOOD LN  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE VD ☒ DELETE

NAME METLER, MARYLIN  
STREET ADDRESS 431 LIVE OAK LN  
CITY-ST-ZIP BOYNTON BCH FL 33436

TITLE ST ☐ DELETE

NAME STENGER, MANFRED  
STREET ADDRESS 515 LIVE OAK LN  
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE SD ☐ Change ☐ Addition

2.2 NAME SUSAN Blackmore

2.3 STREET ADDRESS 738 Buttonwood LN

2.4 CITY-ST-ZIP BOYNTON Bch, FL 33436

3.1 TITLE PD ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE VD ☐ Change ☐ Addition

4.2 NAME ANTHONY Lombardi

4.3 STREET ADDRESS 512 Buttonwood LN

4.4 CITY-ST-ZIP BOYNTON Bch, FL 33436

5.1 TITLE TD ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/26/99

(561) 732-6775

CR2E037-11/98