

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90025 006 ****61.25

DOCUMENT # N14166

1. Entity 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

64003740



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2656064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GULFSTREAM SERVICES MANAGEMENT
400-SOUTH-FEDERAL HWY SUITE 417
BOYNTON BEACH FL 33425

7. Name and Address of New Registered Agent

Name *Gulfstream Services Management*
Street Address (P.O. Box Number is Not Acceptable)
1375 Gateway Blvd Suite 28

City *Boynton Beach* FL Zip Code *33426*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Scott Straleno Scott Straleno*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME CORREA, CLARA L ☐ Delete
STREET ADDRESS 109 BUTTONWOOD LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE VP
NAME MIRISOLA, WILLIAM ☒ Delete
STREET ADDRESS 314 LIVEOAK
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE VPD
NAME METLER, MARILYN ☒ Delete
STREET ADDRESS 431 LIVE OAK LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE TD
NAME LOMBARDI, ANTHONY ☒ Delete
STREET ADDRESS 512 BUTTONWOOD LN
CITY-ST-ZIP BOYNTON BCH FL 33436

TITLE PD
NAME SHEA, DANIEL E ☐ Delete
STREET ADDRESS 115 BUTTONWOOD LANE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VP ☒ Change ☐ Addition
NAME CLARA CORREA
STREET ADDRESS 109 BUTTONWOOD LN
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE DIR. ☐ Change ☒ Addition
NAME ADAM DREYER
STREET ADDRESS 323 LIVE OAK LANE
CITY-ST-ZIP BOYNTON ACH FL 33436

TITLE SEC ☐ Change ☒ Addition
NAME LORNIC SCOTT
STREET ADDRESS 752 BUTTONWOOD LANE
CITY-ST-ZIP BOYNTON ACH FL 33436

TITLE TREAS. ☐ Change ☒ Addition
NAME MARKLE STARKS
STREET ADDRESS 259 BUTTONWOOD LANE
CITY-ST-ZIP BOYNTON Bch. FL 33436

TITLE ☐ Change ☐ Addition
NAME DANIEL SHEA President
STREET ADDRESS 115 Buttonwood Lane
CITY-ST-ZIP Boynton Beach, FL 33436

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daniel Shea*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 (561) 732-6775
Date Daytime Phone #