

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90225 041 ****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		03302007 Chg-NP CR2E037 (12/06)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2656064	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GULFSTREAM SERVICES MANAGEMENT 1375 GATEWAY BLVD. SUITE 28 BOYNTON BEACH, FL 33426			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREA, CLARAA		NAME		
STREET ADDRESS	109 BUTTONWOOD LN		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLESSANLY, VERONICA		NAME	Evelyn Adams	
STREET ADDRESS	516 LIVE OAK LN		STREET ADDRESS	116 Live Oak Lane	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, LORRIE		NAME		
STREET ADDRESS	752 BUTTONWOOD		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH, FL 33436		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICNISCI, CAROLYN		NAME		
STREET ADDRESS	503 LIVE OAK LN		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KANE JR		NAME		
STREET ADDRESS	318 LIVE OAK LN		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <u>Carolyn Di Crisci</u>			Date <u>4/19/07</u>		Daytime Phone # <u>561-733-5550</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>