

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N23829

1. Entity Name

THE VILLAGE OF SANDELWOOD HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business

7973 SANDEL WOOD CIR W
FORT MYERS FL 33908
US

Mailing Address

7973 SANDEL WOOD CIR W
FORT MYERS FL 33908
US

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0122799

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LINTON, MIKE
7973 SANDEL WOOD CIRCLE WEST
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 P ☐ Delete
NAME LINTON, MIKE MR
STREET ADDRESS 7973 SANDEL WOOD CIRCLE W
CITY-ST-ZIP FORT MYERS FL 33908

TITLE VP ☐ Delete
NAME CRUZ, JANET
STREET ADDRESS 7900 SANDEL WOOD CIR W
CITY-ST-ZIP FORT MYERS FL 33908

TITLE T ☐ Delete
NAME DVORAK, CARIDAD
STREET ADDRESS 7893 SANDEL WOOD CIRCLE W
CITY-ST-ZIP FORT MYERS FL 33908

TITLE S ☐ Delete
NAME CARPENTER, RITA
STREET ADDRESS 7888 SANDEL WOOD CIRCLE WEST
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME U00000687266
STREET ADDRESS 04/10/07-80033-012 61.25
CITY-ST-ZIP

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

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

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

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 exemptions contained in Section 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: