


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90029 046 ****61.25

DOCUMENT # N99000004697	
1. Entity Name SANDALWOOD PARK HOMEOWNERS, INC.	

Principal Place of Business 300 SANDPIPER DRIVE VENICE, FL 34292 34285	Mailing Address 300 SANDPIPER DR. VENICE, FL 34292 34285
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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



01172007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2453973	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KORP, WILLIAM R ESQ 240 S PINEAPPLE 9TH FLOOR SARASOTA, FL 34236		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKOWSKI, HENRY S	NAME	
STREET ADDRESS	424 BOXWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN GILST, CARL	NAME	
STREET ADDRESS	576 LONGWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, HARRY W	NAME	
STREET ADDRESS	349 LONGWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, GEORGE	NAME	
STREET ADDRESS	571 SANDPIPER DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, HARLEY	NAME	
STREET ADDRESS	369 LONGWOOD DR	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIARTY, HAROLD	NAME	
STREET ADDRESS	558 WALNUT CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34285	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: Henry S Bukowski **3/20/07** **941-485-3646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #