## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000100260

DOLAN, JOHN

204 PINE STREET

CONNELLSVILLE, PA 154254832 US

Name:

Address: City-St-Zip:

Entity Name: SANDALS REAL ESTATE, INC.

FILED Feb 10, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 500 SOUTH AUSTRALIAN AVENUE 640 WEST PALM BEACH, FL 334016223 US **New Mailing Address: Current Mailing Address:** P.O. BOX 2582 PALM BEACH, FL 334802582 US FEI Number: 16-1758575 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GLASS, TIMOTHY G ESQ. 500 SOUTH AUSTRALIAN AVENUE 640 WEST PALM BEACH, FL 334016223 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition GLASS, TIMOTHY G Name: Name: P.O. BOX 2582 Address: Address: City-St-Zip: PALM BEACH, FL 334802582 US City-St-Zip: Title: VΡ Title: () Delete () Change () Addition Name: DOLAN, CHAD Name: 1425 RIDGE BOULEVARD Address: Address: CONNELLSVILLE, PA 154251532 US City-St-Zip: City-St-Zip: Title: Title: VΡ ( ) Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: TIMOTHY G GLASS P 02/10/2009