2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745754

FILED Mar 19, 2009 Secretary of State

Entity Name: SANDTREE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ACCT. DEPT INC 185 E INDIANTOWN RD., SUITE 127 JUPITER, FL 33477

Current Mailing Address: New Mailing Address:

826 SANDTREE DRIVE C/O JOHN MEHALKO III PALM BEACH GARDENS, FL 33403 US

FEI Number: 59-2044022 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:

ACOUNTING DEPARTMENT, INC C/O DAWN HALLENBECK 185 E INDIANTOWN RD., SUITE 127 JUPITER, FL 33477 US

OFFICERS AND DIRECTORS:

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

Electronic eignature of registere

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TS () Delete Title: TVP (X) Change () Addition

 Name:
 HALLENBECK, DAWN

 Address:
 903 SANDTREE DRIVE

 Address:
 903 SANDTREE DRIVE

HALLENBECK, DAWN
Address:
903 SANDTREE DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33403 US City-St-Zip: PALM BEACH GARDENS, FL 33403 US

Title: S () Delete Title: () Change () Addition

 Name:
 SCARLETT, DENISE
 Name:

 Address:
 911 SANDTREE DRIVE
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33403 US
 City-St-Zip:

Title: P () Delete Title: () Change () Addition

 Name:
 MEHALKO III, JOHN
 Name:

 Address:
 826 SANDTREE DRIVE
 Address:

 City-St-Zip:
 PALM BEACH GARDENS, FL 33403 US
 City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MEHALKO, III PRES 03/19/2009