

FILE NOW: FILING FEE IS \$61.25

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Mar 06, 1999 8:00 am  
Secretary of State

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03-06-1999 90044 047 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N13636**

1. Corporation Name  
**SANDRIDGE ESTATES, SUNRISE MEADOWS, AND LAUREL A CRES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 238 QUAIL RUN FROSTPROOF FL 33843	Mailing Address 238 QUAIL RUN FROSTPROOF FL 33843
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 03/03/1986	4. FEI Number 59-2892596 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent PATRICIA STALLONS 238 QUAIL RUN FROSTPROOF FL 33843		10. Name and Address of New Registered Agent 81 Name Patricia STALLONS 82 Street Address (P.O. Box Number is Not Acceptable) 83 238 Quail Run 84 City Frostproof FL 85 Zip Code 33843			
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Patricia Stallons (Patricia STALLONS) 2-22-99 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME DUMIRE, CHARLOTTE STREET ADDRESS 212 QUAIL RUN CITY-ST-ZIP FROSTPROOF FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP 1.2 NAME Anglin David 1.3 STREET ADDRESS 1220 Adams Rd. 1.4 CITY-ST-ZIP Ft. Meade, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME SCHIFFLEY, MICHAEL STREET ADDRESS 220 QUAIL RUN CITY-ST-ZIP FROSTPROOF FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME Williams William 2.3 STREET ADDRESS 56 meadow way 2.4 CITY-ST-ZIP Frostproof, FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TSD NAME STALLONS, PATRICIA STREET ADDRESS 238 QUAIL RUN CITY-ST-ZIP FROSTPROOF FL	<input type="checkbox"/> DELETE	3.1 TITLE T/O 3.2 NAME Stallons Patricia 3.3 STREET ADDRESS 238 Quail Run 3.4 CITY-ST-ZIP Frostproof, FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE S/O 4.2 NAME Jacobson Vicki 4.3 STREET ADDRESS 220 Quail Run 4.4 CITY-ST-ZIP Frostproof, FL 33843	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David Anglin **REQUIRED** 2-22-99 DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)