


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N13636

1. Entity Name
SANDRIDGE ESTATES, SUNRISE MEADOWS, AND LAUREL ACRES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

238 QUAIL RUN **238 QUAIL RUN**
FROSTPROOF, FL 33843 **FROSTPROOF, FL 33843**



08102004 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-2892596 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PATRICIA STALLONS
238 QUAIL RUN
FROSTPROOF, FL 33843

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

Filing Fee is \$61.25 Due by September 5, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANGLIN, DAVID 1220 ADAMS RD. FT. MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STALLONS, PATRICIA 238 QUAIL RUN FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACOBSON, VICKI 220 QUAIL RUN FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BAKER, TIMOTHY 43 MEADOW WAY FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/16/04-80002-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Patricia Stallons Patricia Stallons 8/11/04 863-635-3485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #