

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90569 049 ****62.25

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04012005 Chg-NP CR2E037 (10/03)

DOCUMENT # N13636					
1. Entity Name SANDRIDGE ESTATES, SUNRISE MEADOWS, AND LAUREL ACRES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 238 QUAIL RUN FROSTPROOF, FL 33843			Mailing Address 238 QUAIL RUN FROSTPROOF, FL 33843		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2892596				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PATRICIA STALLONS 238 QUAIL RUN FROSTPROOF, FL 33843			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 <i>Patricia Stallons</i>		<i>Patricia Stallons</i>		DATE <i>4-16-05</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGLIN, DAVID		NAME	Martha Dykes	
STREET ADDRESS	1220 ADAMS RD.		STREET ADDRESS	32 Ridge Rd	
CITY-ST-ZIP	FT. MEADE, FL 33841		CITY-ST-ZIP	Frostproof, FL 33843	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALLONS, PATRICIA		NAME		
STREET ADDRESS	238 QUAIL RUN		STREET ADDRESS		
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, VICKI		NAME	Helen Chaidetz	
STREET ADDRESS	220 QUAIL RUN		STREET ADDRESS	88 Laurel Lane	
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP	Frostproof FL 33843	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, TIMOTHY		NAME	Cathy Porterfield	
STREET ADDRESS	43 MEADOW WAY		STREET ADDRESS	1 Ridge Rd.	
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP	Frostproof, FL 33843	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <i>Patricia A. Stallons</i>		<i>Patricia Stallons</i>		DATE <i>4-16-05</i> 265-635-5485	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	