


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 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**



04042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2892596** Applied For / 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006 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 DYKES, MARTHA 32 RIDGE ROAD FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STALLONS, PATRICIA 238 QUAIL RUN FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAIDEZ, HELEN 86 LAREL LANE FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTERFIELD, CATHY 1 RIDGE ROAD FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/22/06-80049-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 4-3-06 863-635-3485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #