

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90083 029 ****61.25

11/15/01

DOCUMENT # N13636

1. Entity 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**

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
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PATRICIA STALLONS
238 QUAIL RUN
FROSTPROOF FL 33843**

7. Name and Address of New Registered Agent

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 *Patricia Stallons* - Patricia Stallons

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-16-03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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 type="checkbox"/> Delete
NAME	ANGLIN, DAVID	
STREET ADDRESS	1220 ADAMS RD.	
CITY-ST-ZIP	FT. MEADE FL 33841	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STALLONS, PATRICIA	
STREET ADDRESS	238 QUAIL RUN	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACOBSON, VICKI	
STREET ADDRESS	220 QUAIL RUN	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAKER, TIMOTHY	
STREET ADDRESS	43 MEADOW WAY	
CITY-ST-ZIP	FROSTPROOF FL 33843	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Patricia Stallons* 7/16/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-635-
3485

CR2E037 (4/03)