FILE NOW: FILING FEE IS \$61.25

SANDAROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1999

SIGNATURE: |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # N39607 1. Corporation Name Hansing Island Homeowners Association, Inc 99 DEC 20 PH 4: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

,	Association,	LAC				THIN SOLE, FLURIDA
	ce of Business	Mailing .	Address			
231 201	rsing Island Dr.	PO	Box 37	1245	2	,
Todian	Harbour BCK	40	tellite	Bino	I a	7. .
- •	_	- M	une	mi 2	293	27 Minuliand
FC 32	75 /			5	273	3/ WWWWW
2. Principal F	Place of Business	2a. Maili	ng Address			Date Incorporated or Qualifed
21		26			· .	8/20/90
Suite, Apt	. #, etc.	<u></u> ⊢¬	e, Apt. #, etc.			4. FE) Number Applied For
22 City⋅&⋅Sta	to	27 City	& State			99-3093663 Not Applicable
23		28	u.ou.o	_		5. Certificate of Status Desired Fee Required
Zip	Country	Zip	نىنىنە چىتىد. نە	Countr	 у	6. Election Campaign Financing \$5.00 May Be
24	25	29	[:	30		Trust Fund Contribution Added to Fees
	9. Name and Address of Curre		Agent			10. Name and Address of New Registered Agent
David	T. McWilliam	٠, .2		81	Name	"Edward To Spatt
517B	N. Harbor City!	31vd 1		82	Street	et Address (P.O. Box Number is Not Acceptable)
MOOL	DUNE PL339	185		-	124	OI N. KIVErside DYIVE
mace				83	-	
		;		84	City	Endialatic FL 85 32903
11. Pursuant	to the provisions of Sections 617.05	02 and 617 150	08, Florida Statutes	s, the abov	re-named	ed compration submits this statement for the numose of changing its registered
office or i	registered agent, or both, in the State	of Florida, Su	ch change was aut	thorized by	the corp	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE)	da Otalaici	•	
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if applica	ble. (NOTE: F	Registered Age	nt signature	re required when reinstating) DATE
12.	- OFFICERS A	ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Pavid mcWillia	I WA C	DELETE	1.1 TITLE		□ Change Addition
NAME	Duch		Blud	1.2 NAME		alax EI-Tobqui
STREET ADDRESS	SITE N. HOUSE	23/	2		TADDRESS	SIN JAMES TO PAL OF 22027
CITY-ST-ZIP TITLE	THE PO WINE FC	, 5043	DELETE	1.4 CITY-S 2.1 TITLE	ST-ZIP	Data Harbour DCC PC 3293/
NAME _	Shirle 1 MOSS	_		2.2 NAME		Faha Cleland
STREET ADDRESS	47 W New Hav	er Ar	e #200		T ADDRESS	\$ 146 Lansing Island Drive
CITY-ST-ZIP	mellore	Ce 324	901	2.4 CITY-		Indian Harbour BCL PC 32931
TITLE	DST		[3 DELETE	3.1 TITLE		Change Addition
NAME	Toll Moss !!	Limita de los	Aug to	3.2 NAME	:	Eddie Scatt 1 1 Doise
STREET ADDRESS	47 Willew Ho	LVEN	COCT 300	3.3 STREE	TADDRESS	s 214 Lansing Island
CITY-ST-ZIP	Melboure	17	2901	3.4. CITY-5	ST-ZIP	Irdian Haibou BCK+C3293/
TITLE			☐ ĎELĒTĒ	4.1 TITLE		☐ Change
NAME				4.2 NAME		Wan Bonn
STREET ADDRESS				4		1213 Lansing Island Bridge 2027
CITY-ST-ZIP		-	DELETE	4.4 CITY-S	ST-ZIP _	Chance Datable
TITLE				5.1 TITLE 5.2 NAME		700003082327-445
NAME STREET ADDRESS				1	TADDRESS	s -12/28/9901076006
CITY-ST-ZIP				5.4 CITY-S		~ ******61.25 ******61.25
TITLE			☐ DELETE	6.1 TITLE		: Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREE	T ADDRESS	s
CITY-ST-ZIP				6.4 CITY-S		<u> </u>
indicated	on this annual report or supplements	d annual report	is true and accura	ate and tha	ıt mv sian	ed in Section 119.07(3)(i), Florida Statutes, I further certify that the information gnature shall have the same legal effect as if made under oath; that I am an
officer or	director of the corporation or the regi	eiver or trustee	empowered to exe	ecute this r	eport as i	s required by Chapter 617, Florida Statutes; and that my name appears in
BIOCK 12	or Block 13 if changed, or on an atla	minent with an	i address, Williali C	ALIEI IIKE EL	-pp-weie	cu.