


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90037 035 ****61.25

DOCUMENT # N99000005783 1. Entity Name SAND HILLS VILLAGE NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 1 SAND HILLS VILLAGE LAKE WORTH, FL 33463			Mailing Address 901 NORTHPOINT PARKWAY 307 WEST PALM BEACH, FL 33407		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1034880	
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		
SKRLD INC. 201 ALHAMBRA CIR CORAL GABLES, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2007		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALENTINE, AL		NAME		
STREET ADDRESS	6448 SAND HILLS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DALHOF, HEIDI		NAME	Reed, Barry	
STREET ADDRESS	6214 SAND HILLS CIRCLE		STREET ADDRESS	6298 Sand Hills Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, DAVID		NAME		
STREET ADDRESS	6112 SAND HILLS CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP		
TITLE	S/T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PULEO, CANDICE		NAME	Seltzer, Clifford	
STREET ADDRESS	6477 SAND HILLS CIRCLE		STREET ADDRESS	6165 Sand Hills Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	Lake Worth, FL 33463	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLORID, MICHAEL		NAME	Florio, Michael	
STREET ADDRESS	6111 SAND HILLS CIRCLE		STREET ADDRESS	6111 Sand Hills Circle	
CITY-ST-ZIP	LAKE WORTH, FL 33463		CITY-ST-ZIP	Lake Worth, FL 33463	
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 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: <u><i>Al Valentine</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/3/07 754-321-6850 Date Daytime Phone #		