## **2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

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

DOCUI	MENT	"#N9	90000	)05783
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1. Entity Name

SAND HILLS VILLAGE NEIGHBORHOOD ASSOCIATION,



INC.									
1 SAND HII	ace of Business LLS VILLAGE TH, FL 33463	Mailing Address 901 NORTHPOINT PARI 307 WEST PALM BEACH, FL						£ 81711 (887) (816)	(1)M1 <b>0) (</b> 1) ( <b>111</b> )
2. Principal	Place of Business - No P.O. Box #	3. Mailing Address		·					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			03012007	Chg-NP	CR2E	037 (12/06)	
City & State		City & State			4. FEI Number 65-1034			) - <del> </del>	pplied For lot Applicable
Zìp	Country	Zip	Country		5. Certificate o	f Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New	Registered	d Agent	
SKRLD IN	NC.		Name						
201 ALH/	AMBRA CIR SABLES, FL 33134		Street Address		P.O. Box Number	is Not Acceptat	ole)		
ı	·								
			City				F	Zip Coo	de .
8. The abov	re named entity submits this statement f	or the purpose of changing its r	registered office or	r registere	ed agent, or both	, in the State of F	lorida. I ar	n familiar with	, and accept
the obliga	ations of registered agent.								
SIGNATURE									
Sidivatoric	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE:	: Registered Agent signate	ture required v	when reinstating)		DATE		
Sidivatoric	Signature, typed or printed name of registered agen Filling Fee is \$61.25	9. Election Carn Trust Fund Co	paign Financing		shen reinstating) \$5.00 May Be Added to Fees	Flo	Make che	ck payable t	
	Signature, typed or printed name of registered egen Filling Fee is \$61.25 Due by May 1, 2007	9. Election Carn Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	Make che orida Depa	ck payable tartment of S	tate
10.	Signature, typed or printed name of registered agen Filling Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be	Flo	Make che orida Depa	ck payable tartment of S	tate
10.	Signature, typed or printed name of registered agen  Filling Fee is \$61.25  Due by May 1, 2007  OFFICERS AND DI	9. Election Carn Trust Fund Co	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	Make che orida Depa	ck payable fartment of S	v 10
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR