

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000000611

**FILED**  
**Mar 27, 2017**  
**Secretary of State**  
**CC4031401008**

**Entity Name:** SANDHILL PRESERVE AT ARBOR MEADOWS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

811 MABBETTE STREET  
KISSIMMEE, FL 34741

**Current Mailing Address:**

811 MABBETTE STREET  
KISSIMMEE, FL 34741 US

**FEI Number:** 20-3288731

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIATION SOLUTIONS OF CENTRAL FL, INC  
811 MABBETTE STREET  
KISSIMMEE, FL 34741 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            SHAMIEH, FREDERICK N.  
Address        13815 SAND MEADOW LANE  
City-State-Zip: ORLANDO FL 32824

Title            VP  
Name            THOMAS, TERRELL  
Address        13833 SAND MEADOW LANE  
City-State-Zip: ORLANDO FL 32824

Title            PRESIDENT  
Name            VILLALOBOS, GABRIEL  
Address        1912 SAND ARBOR CIRCLE  
City-State-Zip: ORLANDO FL 32824

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GABRIEL VILLALOBOS

**PRESIDENT**

**03/27/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date