

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13636

FILED
Mar 16, 2020
Secretary of State
1535958036CC

Entity Name: SANDRIDGE ESTATES, SUNRISE MEADOWS, AND LAUREL ACRES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

238 QUAIL RUN
FROSTPROOF, FL 33843

Current Mailing Address:

P. O. BOX 373
FORT MEADE, FL 33841 US

FEI Number: 59-2892596

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, STEVE
216 QUAIL RUN
FROSTPROOF, FL 33843 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: STEVE WOOD

03/16/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name STALLONS, PATRICIA
Address 238 QUAIL RUN
City-State-Zip: FROSTPROOF FL 33843

Title TD
Name MAHMOOD, ARSHAD
Address 220 QUAIL RUN
City-State-Zip: FROSTPROOF FL 33843

Title SD
Name RESPRESS, LISA
Address 37 MEADOW WAY
City-State-Zip: FROSTPROOF FL 33843

Title VPD
Name WOOD, STEVE
Address 216 QUAIL RUN
City-State-Zip: FROSTPROOF FL 33843

Title D
Name MAHMOOD, ARSHAD
Address 220 QUAIL RUN
City-State-Zip: FROSTPROOF FL 33843

Title DIRECTOR
Name VANSICKLER, MICHAEL
Address 208 QUAIL RUN
City-State-Zip: FROSTPROOF FL 33843

Title DIRECTOR
Name TIANO, MICHAEL
Address 11 RIDGE RD
City-State-Zip: FROSTPROOF FL 33843

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: LISA RESPRESS

SECRETARY

03/16/2020

Electronic Signature of Signing Officer/Director Detail

Date