2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13636

Entity Name: SANDRIDGE ESTATES, SUNRISE MEADOWS, AND LAUREL

ACRES HOMEOWNERS' ASSOCIATION, INC.

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FILED Apr 23, 2015 Secretary of State CC9083015763

Date

Current Principal Place of Business:

254 QUAIL RUN

FROSTPROOF, FL 33843

Current Mailing Address:

FEI Number: 59-2892596

254 QUAIL RUN

FROSTPROOF, FL 33843 US

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, CASEY 254 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: CASEY TAYLOR 04/23/2015

Electronic Signature of Registered Agent

Officer/Director Detail:

Title DP Title TD

NameSTALLONS, PATRICIANameTAYLOR, CASEYAddress238 QUAIL RUNAddress254 QUAIL RUN

City-State-Zip: FROSTPROOF FL 33843 City-State-Zip: FROSTPROOF FL 33843

Title SD Title VPD

NameWOODS, VICKINameCANTOR, GARYAddress216 QUAIL RUNAddress19 RIDGE ROAD

City-State-Zip: FROSTPROOF FL 33843 City-State-Zip: FROSTPROOF FL 33843

Title D Title D

NameGARCIA/NUNEZ, ROSIENameTRAYES, DORSHAINEAddress86 LAUREL LANEAddress51 MEADOW WAY

City-State-Zip: FROSTPROOF FL 33843 City-State-Zip: FROSTPROOF FL 33843

TitleDIRECTORTitleDIRECTORNameDYKES, MARTHANameDYKES, MARTHAAddress10 RIDGE ROADAddress10 RIDGE ROAD

City-State-Zip: FROSTPROOF FL 33843 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: CASEY TAYLOR TREASURER 04/23/2015