

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13636

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

FILED
Apr 20, 2024
Secretary of State
1930731093CC

Current Principal Place of Business:

9 RIDGE RD
FROSTPROOF, FL 33843

Current Mailing Address:

PO BOX 1204
LAKE WALES, FL 33859 US

FEI Number: 59-2892596

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HANEY, WHITNEY PRESIDENT
9 RIDGE RD
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: WHITNEY HANEY

04/20/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HANEY, WHITNEY PRESIDENT
Address 9 RIDGE RD
City-State-Zip: FROSTPROOF FL 33843

Title TREASURER
Name NOVOBILSKI, STEPHANIE
Address 28 RIDGE RD
City-State-Zip: FROSTPROOF FL 33843

Title VP
Name GARCIA, NORMA
Address 85 LAUREL LANE
City-State-Zip: FROSTPROOF FL 33843

Title SECRETARY
Name WILLIAMS, CURTIS SECRETARY
Address 25 RIDGE RD
City-State-Zip: FROSTPROOF FL 33843

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

Title OTHER
Name SMITH, CHRISTINE
Address 98 LAUREL LN
City-State-Zip: FROSPTRROOF FL 33843

Title DIRECTOR
Name MAZARIEGOS, ELIAS
Address 31 RIDGE RD
City-State-Zip: FROSTPROOF FL 33843

Title DIRECTOR
Name WILLIAMS, CURTIS
Address 25 RIDGE RD
City-State-Zip: FROSTPROOF FL 33843

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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: STEPHANIE NOVOBILSKI

TREASURER

04/20/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHALELA, JUAN
Address 6 RIDGE RD
City-State-Zip: FROSTPROOF FL 33843

Title OTHER
Name FERRER, MARIA
Address 96 LAUREL LN
City-State-Zip: FROSTPROOF FL 33843