

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13636

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

**FILED**  
**Apr 18, 2014**  
**Secretary of State**  
**CC5703367221**

**Current Principal Place of Business:**

254 QUAIL RUN  
FROSTPROOF, FL 33843

**Current Mailing Address:**

254 QUAIL RUN  
FROSTPROOF, FL 33843 US

**FEI Number: 59-2892596**

**Certificate of Status Desired: No**

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

TAYLOR, CASEY  
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: CASEY TAYLOR**

**04/18/2014**

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 TAYLOR, CASEY  
Address 254 QUAIL RUN  
City-State-Zip: FROSTPROOF FL 33843

Title SD  
Name CARRERO, JEAN  
Address 663 BALFOUR DR  
City-State-Zip: WINTER PARK FL 32792

Title VPD  
Name CANTOR, GARY  
Address 19 RIDGE ROAD  
City-State-Zip: FROSTPROOF FL 33843

Title D  
Name GARCIA/NUNEZ, ROSIE  
Address 86 LAUREL LANE  
City-State-Zip: FROSTPROOF FL 33843

Title D  
Name GARCIA, NORMA  
Address P O BOX 656  
City-State-Zip: FORT MEADE FL 33841

*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: PATRICIA STALLONS**

**PRESIDENT**

**04/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date