

2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N13636

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:

216 QUAIL RUN
FROSTPROOF, FL 33843 US

FEI Number: 59-2892596

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAHMOOD, ARSHAD
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: ARSHAD MAHMOOD

07/08/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name GRACIA, ROSIE
Address 86 LAUREL LANE
City-State-Zip: FROSTPROOF FL 33843

Title SECRETARY
Name SUMMERS, TONI
Address 26 RIDGE RD
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: ARSHAD MAHMOOD

PRESIDENT

07/08/2023

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