## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13636

Entity Name: SANDRIDGE ESTATES, SUNRISE MEADOWS, AND LAUREL

ACRES HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 30, 2023
Secretary of State
8904147826CC

# **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 04/30/2023

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

Title DP Title TD

Name STALLONS, PATRICIA Name MAHMOOD, ARSHAD

Address 238 QUAIL RUN Address 220 QUAIL RUN

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

Title VPD Title D

Name HANEY, WHITNEY Name MAHMOOD, ARSHAD

Address 9 RIDGE RD Address 216 QUAIL RUN

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

Title DIRECTOR Title SECRETARY

Name VANSICKLER, MICHAEL Name NOVOBILISKI , STEPHANIE

Address 208 QUAIL RUN Address 28 RIDGE RD

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

Title DIRECTOR

Name VAUGHN, DANNY Address 65 MEADOW WAY

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: PATRICIA STALLONS

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/30/2023