

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719008

FILED
Mar 15, 2009
Secretary of State

Entity Name: SANDY HOOK ASSOCIATION, INC.

Current Principal Place of Business:

62 SANDY HOOK RD. SOUTH
SARASOTA, FL 342421622 US

New Principal Place of Business:

Current Mailing Address:

62 SANDY HOOK RD. SOUTH
SARASOTA, FL 342421622 US

New Mailing Address:

FEI Number: 59-2087220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLFF, PETER
62 SANDY HOOK RD. S
SARASOTA, FL 342421622 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WEISS, BERNICE MS
Address: 126 SANDY HOOK RD. S
City-St-Zip: SARASOTA, FL

Title: P () Delete
Name: HAYES, KATHERINE MS
Address: 24 ROCKWELL LANE
City-St-Zip: SARASOTA, FL 34242

Title: T () Delete
Name: WOLFF, PETER MR
Address: 62 SANDY HOOK RD S
City-St-Zip: SARASOTA, FL 342421622

Title: D () Delete
Name: BOND, DONALD MR
Address: 44 ROCKWELL LANE
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: FRIGNOCA, RICK MR
Address: 148 SANDY HOOK RD. N
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: PULLMAN, CRAIG MR
Address: 44 SANDY HOOK RD S
City-St-Zip: SARASOTA, FL 34242

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: HAYES, KATHERINE MS
Address: 24 ROCKWELL LANE
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: SCHULANER, FELICE MRS
Address: 37 SANDY HOOK RD S
City-St-Zip: SARASOTA, FL 34242

Title: D (X) Change () Addition
Name: FRIGNOCA, RICK MR
Address: 148 SANDY HOOK RD. N
City-St-Zip: SARASOTA, FL 34242

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PETER WOLFF

T

03/15/2009

Electronic Signature of Signing Officer or Director

Date