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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 MAR 30 AM 10:41

DOCUMENT # 727052 (3)

1. Corporation Name

THE SAND LAKE HILLS PROPERTY OWNERS' ASSOCIATION , INC.

Principal Place of Business	Mailing Address
P O BOX 690153 ORLANDO FL 32869-~~2153~~ 0153	P O BOX 690153 ORLANDO FL 32869-153 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1912630 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip: 24 32869-0153 Country: 25	Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

BONESTROO, CAROL A.
8570 CLOVER CT
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director D	☒ Change ☐ Addition
NAME	EPPERSON, JAMES	12 NAME	John Luedke	
STREET ADDRESS	8496 TANSY	13 STREET ADDRESS	8495 Caraway Ct	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	21 TITLE	Joyce Thompson - Dir.	☒ Change ☐ Addition
NAME	LUEDKE, JOHN	22 NAME	6194 Valerian Blvd.	
STREET ADDRESS	8495 CARAWAY CT	23 STREET ADDRESS	Orlando, FL 32819	
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	Director D	☒ Change ☐ Addition
NAME	BONESTROO, CAROL A.	32 NAME	Tommie Withohn	
STREET ADDRESS	8570 CLOVER CT	33 STREET ADDRESS	8491 Caraway Ct	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Orlando, FL 32819	
TITLE	D	41 TITLE	Geneva Coons, Dir. D	☒ Change ☐ Addition
NAME	S$HULTZ, BECKY	42 NAME	6193 Valerian Blvd.	
STREET ADDRESS	8459 CLEMATIS LANE	43 STREET ADDRESS	Orlando, FL 32819	
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HAHN, MARGARET	52 NAME		
STREET ADDRESS	MARLBERRY DR	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: John A Luedke JOHN A. LUEDKE May 24, 95 Daytime Phone # 407 351-5569
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

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