

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 32869-7153

P O BOX 690153
ORLANDO FL 32869-153
US

3. Date Incorporated or Qualified
07/27/1973

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BONESTROO, CAROL A.
8570 CLOVER CT
ORLANDO FL 32819

81 Name JOHN A. LUEDKE

82 Street Address (P.O. Box Number is Not Acceptable)
8495 CARAWAY CT

83

84 City ORLANDO

FL 85 Zip Code

32819

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

John A. Luedke
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

May 7, 1996

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME JOHN LUEDKE
STREET ADDRESS 8495 CARAWAY CT
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME JAYCE THOMPSON
STREET ADDRESS 6194 VALERIAN BLVD
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME TOMMIE WITTHOHN
STREET ADDRESS 8491 CARAWAY CT
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE

NAME GENEVA COONS,
STREET ADDRESS 8193 VALERIAN BLVD
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME HAHN, MARGARET
STREET ADDRESS MARLBERRY DR
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

EDMUND L. THRALLS
8512 CLAMATIS LN
ORLANDO FL 32819

☐ Change ☐ Addition

D ☐ Change ☒ Addition

BARBARA A. FRYS
6195 VALERIAN BLVD
ORLANDO, FL. 32819

☐ Change ☐ Addition

☐ Change ☐ Addition

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 7, 1996

Date

407-351-5569

Daytime Phone #

CR2E037 (12/95)