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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham { Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727052 (3)

1. Corporation Name
THE SAND LAKE HILLS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business P O BOX 690153 ORLANDO FL 32869-7153	Mailing Address P O BOX 690153 ORLANDO FL 32869-7153 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

LUECKE, JOHN A
8495 CARAWAY COURT
ORLANDO FL 32819

PRESIDENT
ROBERTA NUHFER
8662 TANSY DR.
ORLANDO, FL. 32819

3. Date Incorporated or Qualified
07/27/1973

4. FEI Number
59-1912630

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name
ROBERTA NUHFER

82 Street Address (P.O. Box Number is Not Acceptable)
8662 TANSY DR.

83 City
ORLANDO, FL. 32819

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN LUECKE 8495 CARAWAY CT ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THRALLS, EDMUND 8512 CLEMATIS LANE ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMMIE WITTHOHN 8491 CARAWAY CT ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRYS, BARBARA 6195 VALERIAN BLVD ORLANDO FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAHN, MARGARET MARLBERRY DR ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DIRECTOR ROBERTA NUHFER 8662 TANSY DR ORLANDO, FL. 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	DIRECTOR GAIL BELL 8436 CARAWAY CT. ORLANDO, FL. 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DIRECTOR BARBARA FRYS 6195 VALERIAN BLVD ORLANDO, FL. 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DIRECTOR CATHERINE DEAN 5822 MARLBERRY DR. ORLANDO, FL. 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DIRECTOR DONALD WEBB 8740 BANYNDR ORLANDO, FL. 32819	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barbara A. Frys* **BARBARA A. FRYS** 3/25/98 402-649-6101

CR2E037 (10/97)