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Apr 06, 1999 8:00 am
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04-06-1999 90040 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727052

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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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/27/1973
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 59-1912630
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NUHFER, ROBERTA
8662 TANSY DR
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name **BARBARA ANN FRYS**

82 Street Address (P.O. Box Number is Not Acceptable)
6195 VALERIAN BLVD

83 **OR**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	NUHFER, ROBERTA 8662 TANSY DR ORLANDO FL 32819	1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	BELL, GAIL 8435 CARRAWAY CT ORLANDO FL 32819	2.1 TITLE TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	FRYS, BARBARA 6195 VALERIAN BLVD ORLANDO FL 32819	3.1 TITLE 1ST V.P. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	FRYS, BARBARA 6195 VALERIAN BLVD ORLANDO FL	4.1 TITLE TOM HOY BECK <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	WEBB, DONALD 8740 BANYON ORLANDO FL 32819	5.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	DEAN, CATHERINE 5822 MARLBERRY DR ORLANDO FL 32819	6.1 TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME FRYS, BARBARA	1.3 STREET ADDRESS 6195 VALERIAN BLVD	1.4 CITY-ST-ZIP ORLANDO, FL 32819
2.2 NAME BELL, GAIL	2.3 STREET ADDRESS 8435 CARRAWAY CT	2.4 CITY-ST-ZIP ORLANDO, FL 32819
3.2 NAME STEPHEN MYER	3.3 STREET ADDRESS 5791 MARLBERRY DR	3.4 CITY-ST-ZIP ORLANDO, FL 32819
4.2 NAME 8434 CARRAWAY CT	4.3 STREET ADDRESS ORLANDO, FL 32819	4.4 CITY-ST-ZIP AND V.P.
5.2 NAME CAROL BONES TROO	5.3 STREET ADDRESS 8570 CLOVER CT	5.4 CITY-ST-ZIP ORLANDO, FL 32819
6.2 NAME _____	6.3 STREET ADDRESS _____	6.4 CITY-ST-ZIP _____

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **3/30/99** **407-354-3128**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)