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May 27 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 740701 (8)

1. Corporation Name  
SAND LAKE HILLS SECTION TWO, HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 690158  
ORLANDO FL 32869-0458

Mailing Address

P.O. BOX 1792  
WINDERMERE FL 34786-1792  
US



3. Date Incorporated or Qualified 11/04/1977 3a. Date of Last Report 05/01/1996

2. Principal Place of Business

21 P.O. BOX 1792  
Suite, Apt. #, etc.

2a. Mailing Address

26 same  
Suite, Apt. #, etc.

4. FEI Number 59-3167769 Applied For Not Applicable

22 City & State

23 WINDERMERE FL  
Zip 34786 County ORANGE

27 City & State

28  
Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BOYER, BEVERLY M  
8025 BANYAN BLVD.  
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 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 *[Signature]* 4-15-97  
Signature typed or printed name of registered agent and title if applicable Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS

TITLE	P & DIRECTOR	<input type="checkbox"/> DELETE
NAME	BOYER, BEVERLY M	
STREET ADDRESS	8025 BANYAN BLVD	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	V & DIRECTOR	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, RICHARD	
STREET ADDRESS	6320 HIDDEN VALLEY	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	S & DIRECTOR	<input type="checkbox"/> DELETE
NAME	SCHEISZ, BETH	
STREET ADDRESS	6562 MARLBERRY DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	T & DIRECTOR	<input type="checkbox"/> DELETE
NAME	SIMCOCK, CAROL	
STREET ADDRESS	6136 HUCKLEBERRY AVE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOYER, BEVERLY M	
1.3 STREET ADDRESS	8025 BANYAN BLVD	
1.4 CITY-ST-ZIP	ORL FL 32819	
2.1 TITLE	V & DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BARRETT, RICHARD	
2.3 STREET ADDRESS	6320 HIDDEN VALLEY	
2.4 CITY-ST-ZIP	ORLANDO, FL 32819	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHEISZ, BETH	
3.3 STREET ADDRESS	6562 MARLBERRY DR	
3.4 CITY-ST-ZIP	ORL FL 32819	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SIMCOCK, CAROL	
4.3 STREET ADDRESS	6136 HUCKLEBERRY AVE	
4.4 CITY-ST-ZIP	ORL FL 32819	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *[Signature]* 4/15/97 401 345-5566  
SIGNATURE AND TYPED OR PRINTED NAME OF ALL AGING OFFICERS OR DIRECTORS

CR2E037 (9/96)