

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740701** (8)

1. Corporation Name

SAND LAKE HILLS SECTION TWO, HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**P O BOX 690458
ORLANDO FL 32869-0458**

Mailing Address

**P.O. BOX 1792
WINDERMERE FL 00000
US**



2. Principal Place of Business 21 P O BOX 1792 Suite, Apt. #, etc.	2a. Mailing Address 26 SAND LAKE HILLS, SECTION TWO Home Owners Association, Inc. City & State P.O. Box 1792 27 Windermere, FL 34786-1792
23 WINDERMERE FL City & State	28 Windermere, FL 34786-1792 City & State
24 34786 Zip	25 000 Country
29 BOYER, BEVERLY M 8025 BANYAN BLVD. ORLANDO FL 32819	30

3. Date Incorporated or Qualified 11/04/1977	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-3167769	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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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 **CAROL C SIMCOCK, TREASURER** **Carol C Simcock** **4-6-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, BEVERLY M	1.2 NAME	
STREET ADDRESS	8025 BANYAN BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSHAW, PETE	2.2 NAME	PATRA CIANCIOLO
STREET ADDRESS	8235 SANDBERRY BLVD.	2.3 STREET ADDRESS	VPD 8428 BLUE ANIS CT
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	ORLANDO FL 32819
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEISZ, BETH	3.2 NAME	VACANT
STREET ADDRESS	6562 MARLBERRY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMCOCK, CAROL	4.2 NAME	
STREET ADDRESS	6136 HUCKLEBERRY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE: **CAROL C SIMCOCK** **CAROL C SIMCOCK** **4/6/98** **407-345-5566** **407-237-3437**

CR2E037 (10/97)