

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90046 005 \*\*\*\*70.00

**DOCUMENT # 740701**

1. Entity Name

**SAND LAKE HILLS SECTION TWO, HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

P.O. BOX 1792  
WINDERMERE FL 34786  
US

Mailing Address

P.O. BOX 1792  
WINDERMERE FL 34786  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONALD, TED  
6745 TAMARIND CIRCLE  
ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCDONALD, TED ☐ Delete  
STREET ADDRESS 6745 TAMARIND CIRCLE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE VPD  
NAME LARSEN, MICHELINE ☒ Delete  
STREET ADDRESS 6739 TAMARIND CIRCLE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE TD  
NAME CROTTY, DENISE R ☐ Delete  
STREET ADDRESS 6415 HILL O' SANDS COURT  
CITY-ST-ZIP ORLANDO FL 32819

TITLE D  
NAME WILSON, ERNEST W ☐ Delete  
STREET ADDRESS 8104 BANYAN BOULEVARD  
CITY-ST-ZIP ORLANDO FL 32819

TITLE SD  
NAME FLEGAL, WILLIAM F ☐ Delete  
STREET ADDRESS 6745 TAMARIND CIRCLE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD  
NAME Dean, Cathy ☒ Change ☐ Addition  
STREET ADDRESS 5822 Marlberry Dr.  
CITY-ST-ZIP Orlando, FL 32819

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Denise R Crotty* 1-26-05 407363000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #