2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 740701

1. Entity Name
SAND LAKE HILLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1792 WINDERMERE, FL 34786 US	P.O. BOX 1792 WINDERMERE, FL 34786 US

01082007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3167769
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, TED
6745 TAMARIND CIRCLE
ORLANDO, FL 32819

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCDONALD, TED
STREET ADDRESS	6745 TAMARIND CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VPD
NAME	DEAN, CATHY
STREET ADDRESS	5822 MARLBERRY DR
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	TD
NAME	CROTTY, DENISE R
STREET ADDRESS	6415 HILL O' SANDS COURT
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	D
NAME	WILSON, ERNEST W
STREET ADDRESS	8104 BANYAN BOULEVARD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	SD
NAME	FLEGAL, WILLIAM F
STREET ADDRESS	6745 TAMARIND CIRCLE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/12/07-80004-023 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Treasurer 1-8-07 407 578-0114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #