

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745754

FILED
Mar 19, 2009
Secretary of State

Entity Name: SANDTREE HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

ACCT. DEPT INC
185 E INDIANTOWN RD., SUITE 127
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

826 SANDTREE DRIVE
C/O JOHN MEHALKO III
PALM BEACH GARDENS, FL 33403 US

New Mailing Address:

FEI Number: 59-2044022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNTING DEPARTMENT, INC
C/O DAWN HALLENBECK
185 E INDIANTOWN RD., SUITE 127
JUPITER, FL 33477 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TS () Delete
Name: HALLENBECK, DAWN
Address: 903 SANDTREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

Title: S () Delete
Name: SCARLETT, DENISE
Address: 911 SANDTREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

Title: P () Delete
Name: MEHALKO III, JOHN
Address: 826 SANDTREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TVP (X) Change () Addition
Name: HALLENBECK, DAWN
Address: 903 SANDTREE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33403 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MEHALKO, III

Electronic Signature of Signing Officer or Director

PRES

03/19/2009

Date