


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90212 047 ****61.25

DOCUMENT # N01000002030 1. Entity Name SANDY CREEK HOMEOWNERS' ASSOCIATION, INC.																																																																																																																													
Principal Place of Business PMB 345, 4250 ALAFAYA TRL. SUITE 212 OVIEDO, FL 32765			Mailing Address PMB 345, 4250 ALAFAYA TRL. SUITE 212 OVIEDO, FL 32765																																																																																																																										
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City & State		City & State																																																																																																																											
Zip	Country	Zip	Country																																																																																																																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																									
BURNSIDE, LILLY L PMB 345, 4250 ALAFAYA TRAIL SUITE 212 OVIEDO, FL 32765				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PD</td> <td style="width: 40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHMEDEMAN, ANDREW</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14631 LADY VICTORIA BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32826</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VALCARCEL, EVELYN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14643 LADY VICTORIA BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32826</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VSD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAYTON, MARK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14869 LADY VICTORIA BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32826</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">President</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Rose Mary Lehman</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>14674 Lady Victoria Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orlando, FL 32826</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Secretary</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Robert L. Blackwell</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1966 Van Sheffield Dr.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orlando, FL 32826</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Treasurer</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	SCHMEDEMAN, ANDREW		STREET ADDRESS	14631 LADY VICTORIA BLVD		CITY-ST-ZIP	ORLANDO, FL 32826		TITLE	TD	<input checked="" type="checkbox"/> Delete	NAME	VALCARCEL, EVELYN		STREET ADDRESS	14643 LADY VICTORIA BLVD		CITY-ST-ZIP	ORLANDO, FL 32826		TITLE	VSD	<input type="checkbox"/> Delete	NAME	PAYTON, MARK		STREET ADDRESS	14869 LADY VICTORIA BLVD		CITY-ST-ZIP	ORLANDO, FL 32826		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Rose Mary Lehman		STREET ADDRESS	14674 Lady Victoria Blvd.		CITY-ST-ZIP	Orlando, FL 32826		TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Robert L. Blackwell		STREET ADDRESS	1966 Van Sheffield Dr.		CITY-ST-ZIP	Orlando, FL 32826		TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Rose M. Lehman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/30/06 4072496674 <small>Date Daytime Phone #</small>																																																																																																																									

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