

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002030

FILED  
Mar 09, 2009  
Secretary of State

Entity Name: SANDY CREEK HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1801 COOK AVENUE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1801 COOK AVENUE  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 59-1048765

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DON ASHER AND ASSOCIATES, INC.  
1801 COOK AVENUE  
ORLANDO, FL 32806 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: P ( ) Delete  
Name: LEHMAN, ROSE MARY  
Address: 14674 LADY VICTORIA BLVD  
City-St-Zip: ORLANDO, FL 32826

Title: S ( ) Delete  
Name: BLACKWELL, ROBERT L  
Address: 1966 VAN SHEFFIELD DR  
City-St-Zip: ORLANDO, FL 32826

Title: T ( ) Delete  
Name: PAYTON, MARK  
Address: 14869 LADY VICTORIA BLVD  
City-St-Zip: ORLANDO, FL 32826

Title: MAL ( ) Delete  
Name: EXCOBAR, NYDIA  
Address: 14912 LDAY VICTORIA BLVD.  
City-St-Zip: ORLANDO, FL 32826

Title: VP (X) Delete  
Name: CAINES, RICHARD  
Address: 14686 LADY VICTORIA BLVD  
City-St-Zip: ORLANDO, FL 32826

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: MAL (X) Change ( ) Addition  
Name: ROTGER, MARIBEL  
Address: 1963 LADY ELIZABETH BLVD.  
City-St-Zip: ORLANDO, FL 32826

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: TASHA TORRES

LCAM

03/09/2009

Electronic Signature of Signing Officer or Director

Date