2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000004437

1. Entity Name



Apr 17, 2003 8:00 am § Secretary of State 04-17-2003 90218 047 ****61.25

SANDHILL ROOST HOMEOWN			
Principal Place of Business	Mailing Address		
238 Rose RD Learwater FL 33759-3331	1238 ROSE RD CLEARWATER FL 33759-3331		

Se of business	Mailing Address					
E RD 1238 ROSE RD 1238 ROSE RD CLEARWATER FL 33759-3331						
Place of Business	2 Mailing Addrags					
lace of ausiliess	3. Walling Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State City & State		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	4. FEI Number Applied For Not Applied		
Country	Zip	Country	5. Certificate of Statu			
6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered Agent		
		Name				
LYNCH, WILLIAM L 1238 ROSE RD			Street Address (P.O. Box Number is Not Acceptable)			
		City		FL Zip Co	de	
a named entity submits this statement for	or the purpose of changing it	s registered office or regi	stered agent, or both, in the	e State of Florida. I am familiar with	, and accept	
	9. Election Ca	mpaign Financing	\$5.00 May Be			
· · · · · · · · · · · · · · · · · · ·	Trust Fund	Contribution.	Added to Fees	Florida Department of	State	
OFFICERS AND DIE	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS I	N 10	
D	☐ Delete	TITLE		☐ Change	☐ Addition	
		NAME				
		STREET ADDRESS				
	·····	CITY-ST-ZIP	<u> </u>			
1 ⁻	☐ Delete	TITLE		☐ Change	Addition	
	e e e e e e e e e e e e e e e e e e e		ويا مدا مدا	·. · · · · · · · · · · · · · ·		
 				Chages	☐ Addition	
1 -	L Delete			□ Cuange	☐ Addition	
		STREET ADDRESS				
		CITY-ST-ZIP				
	☐ Delete	TITLE	· · · · · ·	☐ Change	☐ Addition	
		NAME				
		STREET ADDRESS				
<u> </u>	<u> </u>	CITY-ST-ZIP	_ 			
	☐ Delete	TITLE		☐ Change	☐ Addition	
		NAME				
ł						
	<u> </u>	_				
	☐ Delete	TITLE		☐ Change	Addition	
		NAME				
	•	NAME STREET ADDRESS				
	Place of Business #, etc. te Country 6. Name and Address of Current WILLIAM L SE RD ATER FL 33759-3331 e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25 OFFICERS AND DII	Place of Business 3. Mailing Address 4. etc. City & State Country Zip 6. Name and Address of Current Registered Agent WILLIAM L SE RD ATER FL 33759-3331 anamed entity submits this statement for the purpose of changing it tions of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NO FILE NOW: FEE IS \$61.25 9. Election Ca Trust Fund OFFICERS AND DIRECTORS D URK, RICHARD 1238 ROSE RD CLEARWATER FL 33759-3331 D LYNCH, WILLIAM 1238 ROSE RD CLEARWATER FL 33759-3331 D LYNCH, TAMARA 1238 ROSE RD CLEARWATER FL 33759-3331 D D Delete LYNCH, TAMARA 1238 ROSE RD CLEARWATER FL 33759-3331	Place of Business 3. Mailing Address 4. etc. Suite, Apt. #, etc. City & State Country Zip Country ATER PL 33759-3331 City 6. Name and Address of Current Registered Agent Name WILLIAM L SE RD ATER PL 33759-3331 City a named entity submits this statement for the purpose of changing its registered office or regitions of registered agent. Signature, typed or previed name of registered agent and title if applicable. (NOTE Registered Agent signature req FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 11. TURK, RICHARD 1238 ROSE RD CLEARWATER FL 33759-3331 D LYNCH, WILLIAM 1238 ROSE RD CLEARWATER FL 33759-3331 D LYNCH, TAMARA 1238 ROSE RD CLEARWATER FL 33759-3331 D CLEARWATER FL 33759-3331	Place of Business 3. Mailing Address # etc. Suite, Apt. #, etc. Country Zip Country Zip Country Zip Country A, FEI Number Name Name Name Name Name Street Address (P.O. Box Number is No Figure and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. Signature, hybror or prefer frame of registered agent and the in applicable. NCTE. Registered Agent signature required when resentating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES SIREET ADDRESS CITY-SI-2P Delete TITLE NAME SIREET ADDRESS CITY-SI-2P Delete TITLE	Place of Business 3. Mailing Address # etc. Suite. Apt. #, etc. Check Here if Making Changes to Country Zip Country S. Certificate of Status Desired \$8,75 x, Fee Requires. 6. Name and Address of Current Registered Agent Name Name	

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: 4