


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90043 037 ****61.25

DOCUMENT # N02000005295					
1. Entity Name SANDHILL VILLAS ASSOCIATION, INC.					
Principal Place of Business 1463 OAKFIELD DR SUITE 141 BRANDON, FL 33511 US			Mailing Address C/O MCNEIL MGMT SVCS. INC. POST OFFICE BOX 6235 BRANDON, FL 33508-6004 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0444709	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TANKEL, ROBERT P.A. 1022 MAIN STREET SUITE D DUNEDIN, FL 34698			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME DUNN, JOED STREET ADDRESS 5921 SANDHILL RIDGE DR. CITY-ST-ZIP LITHIA, FL 33547	<input checked="" type="checkbox"/> Delete		TITLE D NAME Robert Phantz STREET ADDRESS 6022 Sandhill Ridge Dr CITY-ST-ZIP Lithia, FL 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME MORRISON, TERRIE STREET ADDRESS 6024 SANDHILL RIDGE DR. CITY-ST-ZIP LITHIA, FL 33547	<input type="checkbox"/> Delete		TITLE D NAME Judith Bryan STREET ADDRESS 5931 Sandhill Ridge Dr. CITY-ST-ZIP Lithia, FL 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE S NAME MILLS, TRACY STREET ADDRESS 6025 SANDHILL RIDGE DR. CITY-ST-ZIP LITHIA, FL 33547	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME VIVIANI, PAT STREET ADDRESS 6087 SANDHILL RIDGE DRIVE CITY-ST-ZIP LITHIA, FL 33547	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME COOLEY, DAVID STREET ADDRESS 6085 SANDHILL RIDGE DRIVE CITY-ST-ZIP LITHIA, FL 33547	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Terriel Morrison</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/4/2006 813-655-099 Date Daytime Phone #		