2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002550

City-St-Zip:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

LAKE MARY, FL 32795

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FILED Apr 30, 2008 Secretary of State

Entity Name: SANDY LANE RESERVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
103 COMMERCE ST. #103 LAKE MARY, FL 327466237				1247 S VOLUSIA AVE ORANGE CITY, FL 32763			
Current Mailing Address:				New Mailing Address:			
103 COMMERCE ST. #103 LAKE MARY, FL 327466237			1247 S VOLUSIA AVE ORANGE CITY, FL 32763				
FEI Number:	: 56-2346656	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:		Name and	Address	of New Registered Agent:	
JAMES, JUDITH L 325 S BLVD TAMPA, FL 33606 US				REALTY FINDERS, INC 1247 S VOLUSIA AVE ORANGE CITY, FL 32763 US			
	named entity s e of Florida.	submits this statement for the	purpose o	of changing i	ts register	red office or registered agent, or both,	
SIGNATURE: BRENDA A STURGES				04/30/2008			
	Electron	ic Signature of Registered Ag	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () WATKINS, KEN P O BOX 95353 LAKE MARY, F	35		Title: Name: Address: City-St-Zip:	3275 SUN	(X) Change () Addition PRIESSCHE, JULIE ISET VALLEY COURT OD, FL 32779	
Title: Name: Address: City-St-Zip:	D () LOW, DEWAYN P O BOX 95353 LAKE MARY, F	35		Title: Name: Address: City-St-Zip:		(X) Change () Addition RISTIE SET VALLEY COURT OD, FL 32779	
Title: Name: Address:	D () FLEMING, LAR P O BOX 95353			Title: Name: Address:		(X) Change()Addition CHRISTINA ISET RIDGE COURT	

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.

City-St-Zip:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

LONGWOOD, FL 32779

LONGWOOD, FL 32779

3278 SUNSET VALLEY COURT

3312 SUNSET VIEW COURT

LONGWOOD, FL 32779

WENTZEL, LORA

RIGBY, CAROL

() Change (X) Addition

() Change (X) Addition

TRES

SIGNATURE: KRISTIE WORK VP 04/30/2008