

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000207

FILED
Apr 25, 2005
Secretary of State

Entity Name: SANDRA FE HOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

250 NW 12 ST BAY #3
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

250 NW 12 ST BAY #3
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, ATNHONY
8901 NW 14 AVE
MIAMI, FL 33147 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: DPS () Delete
Name: RILEY, TAUSHA
Address: 8901 NW 14 AVE
City-St-Zip: MIAMI, FL 33147

Title: DVT () Delete
Name: RILEY, ANTHONY
Address: 8901 NW 14 AVE
City-St-Zip: MIAMI, FL 33147

Title: D () Delete
Name: ZIPPER, ADAM S
Address: 1500 SAN REMO AVE #248
City-St-Zip: CORAL GABLES, FL 33146

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TAUSHA RILEY

DPS

04/25/2005

Electronic Signature of Signing Officer or Director

Date