
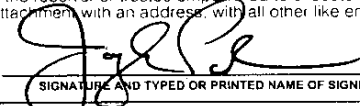


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90055 028 ****61.25

DOCUMENT # N05000003993			
1. Entity Name SANDHILL POINT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 333 SOUTH TAMIAMI TRAIL SUITE 101 VENICE, FL 34285		Mailing Address 333 SOUTH TAMIAMI TRAIL SUITE 101 VENICE, FL 34285	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, MICHAEL W 333 SOUTH TAMIAMI TRAIL SUITE 101 VENICE, FL 34285		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <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 <input type="checkbox"/> Delete	TITLE	STO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARRISH, JAYNE E	NAME	Condit, Cliff
STREET ADDRESS	333 SOUTH TAMIAMI TRAIL, SUITE 101	STREET ADDRESS	333 S. Tamiami Trail, Suite 101
CITY - ST - ZIP	VENICE, FL 34285	CITY - ST - ZIP	VENICE, FL 34285
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, MICHAEL W	NAME	
STREET ADDRESS	333 SOUTH TAMIAMI TRAIL, SUITE 101	STREET ADDRESS	
CITY - ST - ZIP	VENICE, FL 34285	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: 		4/30/07 941441-1380	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

400500



03162007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2703463 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required