

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90110 009 ****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 #
333 South Tamiami Trail

3. Mailing Address
333 South Tamiami Trail

Suite, Apt. #, etc.
Suite 203

Suite, Apt. #, etc.
Suite 203

City & State
Venice, FL

City & State
Venice, FL

04302008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-2703463

Applied For
☐ Not Applicable

Zip
34285

Country
US

Zip
34285

Country
US

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

6. Name and Address of Current Registered Agent

**MILLER, MICHAEL W
333 SOUTH TAMiami TRAIL
SUITE 101
VENICE, FL 34285**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

333 South Tamiami Trail, Suite 203

City
Venice

FL

Zip Code
34285

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME PARRISH, JAYNE E
STREET ADDRESS 333 SOUTH TAMiami TRAIL, SUITE 101
CITY-ST-ZIP VENICE, FL 34285

TITLE VD ☐ Delete
NAME MILLER, MICHAEL W
STREET ADDRESS 333 SOUTH TAMiami TRAIL, SUITE 101
CITY-ST-ZIP VENICE, FL 34285

TITLE STD ☒ Delete
NAME CONDIT, CLIFF
STREET ADDRESS 383 S. TAMiOMI TR. STE 101
CITY-ST-ZIP VENICE, FL 34285

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 333 South Tamiami Trail, Suite 203
CITY-ST-ZIP Venice, FL 34285

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 333 South Tamiami Trail, Suite 203
CITY-ST-ZIP Venice, FL 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Change ☒ Addition
NAME Altmann, Robin
STREET ADDRESS 333 S. Tamiami Trail, Suite 203
CITY-ST-ZIP Venice, FL. 34285

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/08 941-441-1656