

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004417

FILED
Feb 02, 2009
Secretary of State

Entity Name: SAND RIDGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5167 MARINER BLVD
SPRING HILL, FL 34609

New Principal Place of Business:

5162 MARINER BLVD
SPRING HILL, FL 34609

Current Mailing Address:

5167 MARINER BLVD
SPRING HILL, FL 34609

New Mailing Address:

5162 MARINER BLVD
SPRING HILL, FL 34609

FEI Number: 20-2813081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PASTORE, JOSEPH
5167 MARINER BLVD
SPRING HILL, FL 34609 US

Name and Address of New Registered Agent:

PASTORE, JOSEPH
5162 MARINER BLVD
SPRING HILL, FL 34609 US

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:

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PASTORE, JOSEPH
Address: 5167 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: PASTORE, ROBIN
Address: 5167 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: D () Delete
Name: PASTORE, JOSEPH N
Address: 5167 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PASTORE, JOSEPH
Address: 5162 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: D (X) Change () Addition
Name: PASTORE, ROBIN
Address: 5162 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

Title: D (X) Change () Addition
Name: PASTORE, JOSEPH N
Address: 5162 MARINER BLVD
City-St-Zip: SPRING HILL, FL 34609

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.

SIGNATURE: ROBIN PASTORE

D

02/02/2009

Electronic Signature of Signing Officer or Director

Date