

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 01, 2007
Secretary of State

DOCUMENT# N06000002555

Entity Name: SAND HILL POINT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2629 WAVERLY BARN ROAD
SUITE 138
DAVENPORT, FL 33897**New Principal Place of Business:****Current Mailing Address:**2629 WAVERLY BARN ROAD
SUITE 138
DAVENPORT, FL 33897**New Mailing Address:****FEI Number:** 20-8347660**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HAFF, TULA M ESQUIRE
3399 CYPRESS GARDENS ROAD
SUITE C
WINTER HAVEN, FL 33884 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:** D () Delete
Name: MOORE, TERRY
Address: 2629 WAVERLY BARN ROAD
City-St-Zip: DAVENPORT, FL 33897**Title:** D () Delete
Name: MAHLER, MICHAEL J
Address: 2629 WAVERLY BARN ROAD
City-St-Zip: DAVENPORT, FL 33897**Title:** D () Delete
Name: HAFF, TULA MICHELE
Address: 3399 CYPRESS GARDENS ROAD, SUITE C
City-St-Zip: WINTER HAVEN, FL 33884**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: PHELPS, THOMAS M SR
Address: 2629 WAVERLY BARN ROAD SUITE 138
City-St-Zip: DAVENPORT, FL 33897**Title:** D (X) Change () Addition
Name: MOORE, TERRY
Address: 2629 WAVERLY BARN ROAD SUITE 138
City-St-Zip: DAVENPORT, FL 33897**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS M PHELPS SR

D

11/01/2007

Electronic Signature of Signing Officer or Director

Date