


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90025 022 \*\*\*\*61.25

<b>DOCUMENT #</b> N06000004954	
<b>1. Entity Name</b> SANDLER CHASE HOMEOWNERS' ASSOCIATION, INC.	

<b>Principal Place of Business</b> 11945 SAN JOSE BLVD. BLDG. 300 JACKSONVILLE FL 32223	<b>Mailing Address</b> 11945 SAN JOSE BLVD. BLDG. 300 JACKSONVILLE FL 32223
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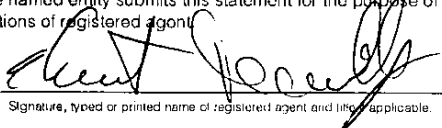


<b>2. Principal Place of Business - No P.O. Box #</b> 11945 San Jose Blvd Suite, Apt. #, etc. Bldg 300 City & State Jacksonville FL Zip 32223 Country USA	<b>3. Mailing Address</b> 11945 San Jose Blvd Suite, Apt. #, etc. Bldg 300 City & State Jacksonville FL Zip 32223 Country USA
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1st MOORE CR2E037 (10/06)

<b>4. FEI Number</b>	<input type="checkbox"/> <b>Applied For</b> <input checked="" type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DONNELLY, KEITH 11945 SAN JOSE BLVD. BLDG. 300 JACKSONVILLE FL 32223	
<b>7. Name and Address of New Registered Agent</b> Name n/a 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  DATE 3/1/07

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> P <b>NAME</b> REYNOLDS, GLEN <b>STREET ADDRESS</b> 11945 SAN JOSE BLVD. BLDG. 300 <b>CITY - ST - ZIP</b> JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VP <b>NAME</b> DONNELLY, KEITH <b>STREET ADDRESS</b> 11945 SAN JOSE BLVD., BLDG. 300 <b>CITY - ST - ZIP</b> JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S/T <b>NAME</b> BACHUSZ, REBECCA <b>STREET ADDRESS</b> 11945 SAN JOSE BLVD. BLDG. 300 <b>CITY - ST - ZIP</b> JACKSONVILLE FL 32223	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S/T <b>NAME</b> Dennis Demott <b>STREET ADDRESS</b> 11945 San Jose Blvd Bldg 300 <b>CITY - ST - ZIP</b> Jacksonville FL 32223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  DATE 3/1/07 904 262-3897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR