

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90043 049 \*\*\*\*61.25

**DOCUMENT # N06000004954**

1. Entity Name  
**SANDLER CHASE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**5851 TIMUQUANA ROAD  
SUITE 301  
JACKSONVILLE, FL 32210**

Mailing Address  
**5851 TIMUQUANA ROAD  
SUITE 301  
JACKSONVILLE, FL 32210**

**DO NOT WRITE IN THIS SPACE**

40070707



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**20-8947951**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ATLEE, KENYON S  
5851 TIMUQUANA ROAD  
SUITE 301  
JACKSONVILLE, FL 32210**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P ATLEE, KENYON S D/P 5851 TIMUQUANA ROAD, SUITE 301 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BRADFORD, ERIC DVP/T 5851 TIMUQUANA ROAD, 301 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S MOUNTAIN, DONNA D/S 5851 TIMUQUANA ROAD, SUITE 301 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Kenyon S. Atlee **Kenyon S. Atlee** 4/17/08 904 384 6964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #