

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90189 025 ****61.25

DOCUMENT # N06000006175

1. Entity Name
SANDHILL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**98 NESTING LOOP
SAINT CLOUD, FL 34769**

Mailing Address
**98 NESTING LOOP
SAINT CLOUD, FL 34769**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112007

Chg-NP

CR2E037 (12/06)

4. FEI Number

51-0605083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANDERS, MARGO
98 NESTING LOOP
SAINT CLOUD, FL 34769**

7. Name and Address of New Registered Agent

Name

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

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, 2007**

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: **D** ☒ Delete
NAME: **HOPKINS, PAT**
STREET ADDRESS: **98 NESTING LOOP**
CITY-ST-ZIP: **SAINT CLOUD, FL 34769**

TITLE: **D** ☒ Delete
NAME: **KINLEY, DOUGLAS**
STREET ADDRESS: **98 NESTING LOOP**
CITY-ST-ZIP: **SAINT CLOUD, FL 34769**

TITLE: **D Treasurer** ☐ Delete
NAME: **MILAZZO, KAREN**
STREET ADDRESS: **98 NESTING LOOP**
CITY-ST-ZIP: **SAINT CLOUD, FL 34769**

TITLE: **D** ☒ Delete
NAME: **MILLER, ROBERT**
STREET ADDRESS: **98 NESTING LOOP**
CITY-ST-ZIP: **SAINT CLOUD, FL 34769**

TITLE: **D** ☒ Delete
NAME: **WELCH, VIRGINIA**
STREET ADDRESS: **98 NESTING LOOP**
CITY-ST-ZIP: **SAINT CLOUD, FL 34769**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **President** ☐ Change ☒ Addition
NAME: **Greg Hause**
STREET ADDRESS: **3170 Carpenter Lane**
CITY-ST-ZIP: **St. Cloud, FL 34769**

TITLE: **Vice President** ☐ Change ☒ Addition
NAME: **Doreen Martin**
STREET ADDRESS: **3188 Carpenter Lane**
CITY-ST-ZIP: **St. Cloud, FL 34769**

TITLE: **Secretary** ☐ Change ☒ Addition
NAME: **Sandra Lester**
STREET ADDRESS: **3150 Carpenter Lane**
CITY-ST-ZIP: **St. Cloud, FL 34769**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Tom Boccino**
STREET ADDRESS: **78 Nesting Loop**
CITY-ST-ZIP: **St. Cloud, FL 34769**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Arlene Breeyear**
STREET ADDRESS: **3148 Carpenter Lane**
CITY-ST-ZIP: **St. Cloud, FL 34769**

TITLE: **D** ☐ Change ☒ Addition
NAME: **Richard Phelps**
STREET ADDRESS: **67 Nesting Loop**
CITY-ST-ZIP: **St. Cloud, FL 34769**

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:

Karen Milazzo (Karen Milazzo) 3/27/07

407-891-9457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #