

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006175

FILED
May 06, 2008
Secretary of State

Entity Name: SANDHILL HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

98 NESTING LOOP
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

98 NESTING LOOP
SAINT CLOUD, FL 34769

New Mailing Address:

3170 CARPENTER LANE
SAINT CLOUD, FL 34769

FEI Number: 51-0605083 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SANDERS, MARGO
98 NESTING LOOP
SAINT CLOUD, FL 34769 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: HAUSE, GREG
Address: 3170 CARPENTER LN
City-St-Zip: SAINT CLOUD, FL 34769

Title: VP () Delete
Name: MARTIN, DOREEN
Address: 3188 CARPENTER LN
City-St-Zip: SAINT CLOUD, FL 34769

Title: D (X) Delete
Name: MILAZZO, KAREN
Address: 98 NESTING LOOP
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: BOCCINO, TOM
Address: 78 NESTING LOOP
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: BREYEAR, ARLENE
Address: 3148 CARPENTER LN
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: PHELPS, RICHARD
Address: 67 NESTING LOOP
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TREASURER GREG HAUSE

D

05/06/2008

Electronic Signature of Signing Officer or Director

Date