

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 10, 2009
Secretary of State

DOCUMENT# N06000006175

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:**3170 CARPENTER LANE
SAINT CLOUD, FL 34769**New Mailing Address:**3148 CARPENTER LN
SAINT CLOUD, FL 34769**FEI Number:** 51-0605083**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SANDERS, MARGO
98 NESTING LOOP
SAINT CLOUD, FL 34769 US**Name and Address of New Registered Agent:**BREYEAR, ARLENE
3148 CARPENTER LN
SAINT CLOUD, FL 34769 US

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: ARLENE BREYEAR

03/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: COGGESHALL, FRANCES
Address: 111 NESTING TRAIL
City-St-Zip: SAINT CLOUD, FL 34769

Title: S () Delete
Name: LESTER, SANDRA
Address: 3150 CARPENTER LN
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: SHAW, DON
Address: 104 NESTING TRAIL
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: FRANCES COGGESHALL

T

03/10/2009

Electronic Signature of Signing Officer or Director

Date