2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Sep 02, 2008 8:00 am
Secretary of State
08-08-2008 90017 034 ****70.00

DOCUMENT # N07000002707

1. Entity Name
SEQUOIA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319	4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319

66016208

07242008 Chg-NP CR2E037 (12/06)

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

4. FEI Number 34-1981641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOME DYNAMICS SEQUOIA, LLC 4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319	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 _____ 7-28-08
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 September 12, 2008**	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HANLEY, MICHAEL 4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DELFINO, ALEJANDRO 4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SCHACK, DAVID 4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addit
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: