

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10266

FILED
Feb 19, 2009
Secretary of State

Entity Name: SANDWEDGE VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

733 CARPENTERS WAY
P. O. BOX 91423
LAKELAND, FL 338048423

New Principal Place of Business:

Current Mailing Address:

733 CARPENTERS WAY
P. O. BOX 91423
LAKELAND, FL 338048423

New Mailing Address:

FEI Number: 59-2939651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, MARY ANN
733 CARPENTERS WAY
SUITE 11
LAKELAND, FL 33809 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: PD () Delete
Name: WRIGHT, MARY ANN
Address: 733 CARPENTERS WAY #11
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: GAGNON, DICK
Address: 733 CARPENTERS WAY #35
City-St-Zip: LAKELAND, FL 33809

Title: STD () Delete
Name: TURNER, TAMALA
Address: 733 CARPENTERS WAY SUITE 46
City-St-Zip: LAKELAND, FL 33809

Title: VD () Delete
Name: DEW, RICK
Address: 733 CARPENTERS WAY #20
City-St-Zip: LAKELAND, FL 33809

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:

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: MARY ANN WRIGHT

P/D

02/19/2009

Electronic Signature of Signing Officer or Director

Date