2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N12165

1. Entity Name
SANLANDO VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
361 CEDAR BROOK LANE ALTAMONTE SPRINGS, FL 32714 US	361 CEDAR BROOK LANE ALTAMONTE SPRINGS, FL 32714 US

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03052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2635239

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DOWELL, LINDA S
361 CEDAR BROOK LANE
ALTAMONTE SPRINGS, FL 32714

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DOWELL, LINDA
STREET ADDRESS	361 CEDAR BROOK LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	PD
NAME	HITCHCOCK, CHRISTY
STREET ADDRESS	378 CEDAR BROOK LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VPD
NAME	TETRO, ROBERT
STREET ADDRESS	379 CEDAR BROOK LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	SD
NAME	MCDOWELL, BEVERLY
STREET ADDRESS	385 CEDAR BROOK LANE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/05-80089-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda S. Dowell 3/5/05 407-788-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #