2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N12165

Entity Name: SANLANDO VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

361 CEDAR BROOK LANE
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

361 CEDAR BROOK LANE
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 59-2635239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWELL, LINDA S
361 CEDAR BROOK LANE
ALTAMONTE SPRINGS, FL 32714 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:	TD	( ) Delete
Name:	DOWELL, LINDA	
Address:	361 CEDAR BROOK LANE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	PD	( ) Delete
Name:	HITCHCOCK, CHRISTY	
Address:	378 CEDAR BROOK LANE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	VPD	( ) Delete
Name:	TETRO, ROBERT	
Address:	379 CEDAR BROOK LANE	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	
Title:	SD	( ) Delete
Name:	HALEY, DEBRA	
Address:	367 CEDARBROOK LN	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32714	

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: LINDA DOWELL TRES 02/05/2009

Electronic Signature of Signing Officer or Director — Date