

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # N13636

1. Entity Name
**SANDRIDGE ESTATES, SUNRISE MEADOWS, AND
LAUREL ACRES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**238 QUAIL RUN
FROSTPROOF, FL 33843**

Mailing Address

**238 QUAIL RUN
FROSTPROOF, FL 33843**



04042006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2892596

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PATRICIA STALLONS
238 QUAIL RUN
FROSTPROOF, FL 33843**

**DO NOT WRITE
IN THIS SPACE**

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

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DYKES, MARTHA
32 RIDGE ROAD
FROSTPROOF, FL 33843**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
STALLONS, PATRICIA
238 QUAIL RUN
FROSTPROOF, FL 33843**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CHAIDEZ, HELEN
66 LAUREL LANE
FROSTPROOF, FL 33843**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
PORTERFIELD, CATHY
1 RIDGE ROAD
FROSTPROOF, FL 33843**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000497330
04/22/06-80049-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia Stallons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-306

863-635-
3485