


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90066 038 ****61.25

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		
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		
6. Name and Address of Current Registered Agent PATRICIA STALLONS 238 QUAIL RUN FROSTPROOF, FL 33843				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>Patricia Stallons</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Patricia Stallons</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		3-22-07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP DYKES, MARTHA 32 RIDGE ROAD FROSTPROOF, FL 33843 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STALLONS, PATRICIA 238 QUAIL RUN FROSTPROOF, FL 33843 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAIKIN, HELEN 88 LAUREL LANE FROSTPROOF, FL 33843 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cheryl Budnik 208 Quail Run Frostproof, FL 33843 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PORTERFIELD, CATHY 1 RIDGE ROAD FROSTPROOF, FL 33843 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPD JESSY SMITH 98 Laurel Lane Frostproof, FL 33843 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Holly Bly 43 meadow way Frostproof, FL 33843 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Casie Taylor 254 Quail Run Frostproof, FL 33843 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
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: <i>Patricia Stallons</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Patricia Stallons</i> <small>DATE</small>		3-22-07 <small>DATE</small>	
863-635-3485 <small>DAYTIME PHONE #</small>					