

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13636

FILED
Apr 09, 2010
Secretary of State

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

Current Principal Place of Business:

238 QUAIL RUN
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

238 QUAIL RUN
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 59-2892596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICIA STALLONS
238 QUAIL RUN
FROSTPROOF, FL 33843 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: DP
Name: STALLONS, PATRICIA
Address: 238 QUAIL RUN
City-St-Zip: FROSTPROOF, FL 33843

Title: TD
Name: GRAMLING, BECKY
Address: 6 RIDGE ROAD
City-St-Zip: FROSTPROOF, FL 33843

Title: SD
Name: DAVIS, CHRISTINA
Address: 246 QUAIL RUN
City-St-Zip: FROSTPROOF, FL 33843

Title: VPD
Name: TIANO, MIKE
Address: 11 RIDGE ROAD
City-St-Zip: FROSTPROOF, FL 33843

Title: D
Name: TAMMIE, WILLIAMS
Address: 56 MEADOW WAY
City-St-Zip: FROSTPROOF, FL 33843

Title: D
Name: HELMS, RAY
Address: 266 QUAIL RUN
City-St-Zip: FROSTPROOF, FL 33843

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA STALLONS

DP

04/09/2010

Electronic Signature of Signing Officer or Director

Date