

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

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N22211	
1. Entity Name SANDY SPRINGS COMMUNITY ASSOCIATION, INC.	

Principal Place of Business 7936 SNOWBERRY CIR ORLANDO, FL 32819 US	Mailing Address 7936 SNOWBERRY CIR ORLANDO, FL 32819 US
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DO NOT WRITE IN THIS SPACE



01072006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2252440	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORBIN, NORMAN L 7936 SNOWBERRY CIR ORLANDO, FL 32819

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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 _____ (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	STD CORBIN, NORMAN L 7936 SNOWBERRY CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDMAN, VALERIE 7948 SNOWBERRY CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRANSON, ROBERT 7962 SNOWBERRY CIRCLE ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000382028
01/17/06-80080-005 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: _____ **1/9/06** **467-390-5890**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**