

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22211

FILED  
Jan 11, 2009  
Secretary of State

Entity Name: SANDY SPRINGS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

7936 SNOWBERRY CIR  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7936 SNOWBERRY CIR  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 59-2252440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORBIN, NORMAN L  
7936 SNOWBERRY CIR  
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

CORBIN, NORMAN L L  
7936 SNOWBERRY CIR  
ORLANDO, FL 32819 US

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: NORMAN L CORBIN

01/11/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: CORBIN, NORMAN L  
Address: 7936 SNOWBERRY CIR  
City-St-Zip: ORLANDO, FL 32819

Title: VD ( ) Delete  
Name: FRIEDMAN, VALERIE  
Address: 7948 SNOWBERRY CIR  
City-St-Zip: ORLANDO, FL 32819

Title: P ( ) Delete  
Name: BRANSON, ROBERT  
Address: 7962 SNOWBERRY CIRCLE  
City-St-Zip: ORLANDO, FL 32819

**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:

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: NORMAN L CORBIN

STD

01/11/2009

Electronic Signature of Signing Officer or Director

Date