

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 21, 2012
Secretary of State

DOCUMENT# N25936

Entity Name: SAND LAKE POINT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1750 W. BROADWAY STREET
SUITE 222
OVIEDO, FL 32765**New Principal Place of Business:****Current Mailing Address:**1750 W. BROADWAY STREET
SUITE 222
OVIEDO, FL 32765**New Mailing Address:****FEI Number:** 59-2912745**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COMMUNITY MANAGEMENT SPECIALISTS, INC
1750 W BROADWAY ST STE 222
OVIEDO, FL 32765 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: VP
Name: BURBRIDGE, BRIAN
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

Title: P
Name: GEORGANNA, JOE
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

Title: S
Name: SCHMIDT, LAWRENCE
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

Title: T
Name: HAY, TIMOTHY G
Address: P.O. BOX 620368
City-St-Zip: OVIEDO, FL 32762

Title: D
Name: SABITOV, MIKE
Address: PO BOX 620368
City-St-Zip: OVIEDO, FL 32762

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: JOE GEORGANNA

P

05/21/2012

Electronic Signature of Signing Officer or Director

Date