2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28492

FILED Apr 20, 2009 Secretary of State

Entity Name: SANFORD PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:		
733 MONROE HARBOR PLACE SANFORD, FL 32773 US					
Current Mailing Address:			New Mailing Address:		
P O BOX 23 SANFORD,		US			
FEI Number: 5	59-2942066	FEI Number Applied For () FEI Nu	mber Not Appli	cable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
HERNANDEZ, LUIS R 733 MONROE HARBOR PLACE SANFORD, FL 32773 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:					
	Electron	c Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	P/D () HERNANDEZ, L 733 MONROE H SANFORD, FL	ARBOR PLACE	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	VP/D () KEIDERLING, B 814 LIGHTHOUS SANFORD, FL	SE COVE	Title: Name: Address: City-St-Zip:	VP/D (X) Change () Addition RIOS, ROBERT A 747 MONROE HARBOR PLACE SANFORD, FL 32773 US	
Title: Name: Address: City-St-Zip:	T/D () KEPICS, LISA E 756 ST. JOHNS SANFORD, FL	RIVER DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S/D () HERNANDEZ, L 733 MONROE H SANFORD, FL	ARBOR PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RIOS, ROBERT 747 MONROE H SANFORD, FL		Title: Name: Address: City-St-Zip:	D (X) Change () Addition PEEPER, KATHY 732 MONROE HARBOR PLACE SANFORD, FL 32773 US	
Title: Name: Address: City-St-Zip:	D () POLLARD, LEO 676 MONROE H SANFORD, FL	ARBOR PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: LUIS R. HERNANDEZ P/D 04/20/2009