

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29991

FILED
Mar 01, 2007
Secretary of State

Entity Name: SAND PINES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

P.O.BOX 2642
WINDERMERE, FL 347862642 US

New Principal Place of Business:

6217 DOWDY COURT
ORLANDO, FL 32819 US

Current Mailing Address:

P.O.BOX 2642
WINDERMERE, FL 347862642 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MELANDER, ANDREA
6217 DOWDY COURT
ORLANDO, FL 32819 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: PD () Delete
Name: COLLIE, KAYE
Address: 6241 DOWDY COURT
City-St-Zip: ORLANDO, FL 32819

Title: VD () Delete
Name: GERAGHTY, TOM
Address: 6040 SAND PINES ESTATES BLVD
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: MELANDER, ANDREA
Address: 6217 DOWDY COURT
City-St-Zip: ORLANDO, FL 32819

Title: TD () Delete
Name: MELANDER, ANDREA
Address: 6217 DOWDY COURT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: JAROLIMEK, TOD
Address: 7465 MEGAN ELISSA LANE
City-St-Zip: ORLANDO, FL 32819

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 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: ANDREA R. MELANDER

SD

03/01/2007

Electronic Signature of Signing Officer or Director

Date