

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 012 ****61.25

DOCUMENT # N38530					
1. Entity Name SANDRINGHAM PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235 US			Mailing Address 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0201242	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAMI MANAGEMENT INC 5041 RINGWOOD MEADOW STE 2 SARASOTA, FL 34235			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHEIL, JOAN W 2965 SANDRINGHAM PL SARASOTA, FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATES, ALAN 2953 SANDRINGHAM PL SARASOTA, FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Freidman, Lois 2924 Sandringham Pl. SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D USTERWEIL, DR. JERRY 2977 SANDRINGHAM DR SARASOTA, FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.D. POLLACK, JOANNE 2941 SANDRINGHAM PL. SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OSTERWEIL, JERRY DR 2977 SANDRINGHAM PL SARASOTA, FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMPSON, LYNN 2984 SANDRINGHAM PL SARASOTA, FL 34235		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompson, LYNN 2984 SANDRINGHAM PL. SARASOTA, FL 34235	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[] Change [] Addition	
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: <u>Joanne C. Pollock</u>			4/26/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #					