

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41333 (8)
1. Corporation Name
SANDHURST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
1702 S WASHINGTON AVE
TITUSVILLE FL 32780
US

Mailing Address
1702 S WASHINGTON AVE
TITUSVILLE FL 32780
US

3. Date Incorporated or Qualified 12/13/1990
3a. Date of Last Report 05/26/1995
4. FEI Number 59-3136963
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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9. Name and Address of Current Registered Agent
EVANS, JOHN H.
1702 S WASHINGTON AVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
TO	FREEMAN, WILLIAM H.	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
650 GOULDSBORO POINT RD.		2.1 TITLE	2.2 NAME
GOULDSBORO ME		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
V	FREEMAN, KAREN	3.1 TITLE	3.2 NAME
650 GOULDSBORO POINT RD.		3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
GOULDSBORO ME		4.1 TITLE	4.2 NAME
PD	CATE, PEGGY	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
480 BLADES TRAIL		5.1 TITLE	5.2 NAME
DENVER NC		5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
SD	CATE, JON M.	6.1 TITLE	6.2 NAME
480 BLADES TRAIL		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP
DENVER NC			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William H. Freeman* July 23, 1996 205-467699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
0003845