

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001081

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** SANDCASTLE WOODLANDS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2147 PINK FLAMINGO LANE  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15493  
TALLAHASSEE, FL 323175493

**New Mailing Address:**

**FEI Number:** 59-3240487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL, MARK  
2147 PINK FLAMINGO LANE  
TALLAHASSEE, FL 32308 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: SD ( ) Delete  
Name: GILREATH, DEBBIE  
Address: 2145 PINK FLAMINGO LANE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VD ( ) Delete  
Name: THOMAS, MARY JACKSON  
Address: 2122 PINK FLAMINGO LN  
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Delete  
Name: MITCHELL, MARK  
Address: 2147 PINK FLAMINGO LN  
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD ( ) Delete  
Name: BISHOP-WHITE, MARY  
Address: 2103 PINK FLAMINGO LN  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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 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: ANNA JOHNSON

TD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date