2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000018

FILED Jan 23, 2007 Secretary of State

Entity Name: SANDHILL CROSSINGS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			ısiness:	New Principal Place of Business:	
	.AND DRIVE ORDA, FL 339	982	US		
Current M	lailing Addres	ss:		New Mailing A	ddress:
	AND DRIVE ORDA, FL 339	982	US		
FEI Number	: 65-0555433	FEI	Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired ()
Name and	d Address of (Curren	t Registered Agent:	Name and Add	ress of New Registered Agent:
	LFRED M RID BLVD.				
SUITE 212 PUNTA G	2 ORDA, FL 339	950 U	S		
PUNTA G The above n the State	ORDA, FL 339 e named entity e of Florida.			purpose of changing its reg	gistered office or registered agent, or both,
PUNTA G The above	ORDA, FL 339 e named entity e of Florida. RE:	submit	ts this statement for the		
PUNTA G The above n the State	ORDA, FL 339 e named entity e of Florida. RE:	submit			gistered office or registered agent, or both, Date
PUNTA G The above n the State SIGNATU	ORDA, FL 339 e named entity e of Florida. RE:	submit	ts this statement for the	gent	
PUNTA G The above n the State SIGNATU	ORDA, FL 339 e named entity e of Florida. RE: Electron S AND DIREC	submit nic Sig TORS Delete D M DRIVE	ts this statement for the nature of Registered A	gent	Date
PUNTA GI The above In the State SIGNATUE OFFICER Title: Name: Address:	e named entity e of Florida. RE: Electron S AND DIREC DPST (JOHNS, ALFRE 1 WOODLAND PUNTA GORDA	submition of Signature Sig	ts this statement for the nature of Registered A	gent ADDITIONS/CH Title: Name: Address:	Date HANGES TO OFFICERS AND DIRECTORS

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: ALFRED JOHNS DPST 01/23/2007