2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N9400000018

TILED
Jul 20, 2009
Secretary of State

Entity Name: SANDHILL CROSSINGS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1 WOODLAND DRIVE

PUNTA GORDA, FL 33982 US

Current Mailing Address: New Mailing Address:

1 WOODLAND DRIVE

PUNTA GORDA, FL 33982 US

FEI Number: 65-0555433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOHNS, KELLEY M
1 WOODLAND DRIVE JOHNS, KELLEY M
1 WOODLAND DRIVE

PUNTA GORDA, FL 33982 US PUNTA GORDA, FL 33982 US

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: KELLEY M. JOHNS 07/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DPST () Delete Title: DPST (X) Change () Addition

Name:JOHNS, ALFRED MName:JOHNS, KELLEY MAddress:1 WOODLAND DRIVEAddress:1 WOODLAND DRIVECity-St-Zip:PUNTA GORDA, FL 33982City-St-Zip:PUNTA GORDA, FL 33982

Title: DV () Delete Title: D (X) Change () Addition Name: JOHNS, KELLEY Name: JOHNS, KEVIN

 Name:
 JOHNS, KELLEY
 Name:
 JOHNS, KEVIN

 Address:
 1 WOODLAND DRIVE
 Address:
 1 WOODLAND DRIVE

 City-St-Zip:
 PUNTA GORDA, FL 33982
 City-St-Zip:
 PUNTA GORDA, FL 33982

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 JOHNS, MARY ANN
 Name:
 JOHNS, MARY ANNE

 Address:
 1 WOODDLAND DRIVE
 Address:
 1 WOODLAND DRIVE

 City-St-Zip:
 PUNTA GORDA, FL 33982
 City-St-Zip:
 PUNTA GORDA, FL 33982

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: KELEY M JOHNS DPST 07/20/2009