2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004829

Entity Name: SANDHILL HUNT CLUB INC

FILED Apr 19, 2009 Secretary of State

Littly Na	IIIE. SANDIII	LE FIONT CLOB, INC.			
Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
1680 FOX PERRY, F	HUNTER GRA L 32348 U	_			
Current Mailing Address:			New Mailing Address:		
P.O BOX [*] PERRY, F		S			
FEI Number	: 59-3271052	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:	
PERRY, F	RRIOR CREE L 32348 U	S			
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D (MARTIN, SEW PO BOX 1405 PERRY, FL 3:		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LINTON, MAUF 5421 POLITIC PERRY, FL 3:	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT (ASHER, JEFF 1680 FOXHUN PERRY, FL 3:		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MOCK, ASHLE	OR CREEK ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	me: TYLER, PUTNÁL dress: PO BOX 1405		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (JENKINS, ALL 10431 TRAM F		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ASHLEY MOCK TRES 04/19/2009

TALLAHASSEE, FL 32311

City-St-Zip: