

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005988

FILED
Apr 13, 2009
Secretary of State

Entity Name: SAND LAKE COVE HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

%PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL 32804 US

Current Mailing Address:

2180 WEST SR. 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

5151 ADANSON ST SUITE 103
ORLANDO, FL 32804

FEI Number: 59-3355625

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:

PREMIER COMMUNITY MANAGERS INC
5151 ADANSON ST SUITE 103
ORLANDO, FL, FL 32804 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: GARY HOUSE

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOLOMONSON, FRANCES
Address: 10110 NEWINGTON DR
City-St-Zip: ORLANDO, FL 32836

Title: PD (X) Change () Addition
Name: GARDEE, MILEY
Address: 7933 FERNLEAF DR
City-St-Zip: ORLANDO, FL 32836

Title: VPD () Delete
Name: SCHOENBERG, RONDA
Address: 7731 DILLSBURY CT
City-St-Zip: ORLANDO, FL 32836

Title: VPD (X) Change () Addition
Name: KUHN, CARMA
Address: 10117 NEWINGTON DR
City-St-Zip: ORLANDO, FL 32836

Title: SD () Delete
Name: EVERETT, BARBARA
Address: 7921 FERNLEAF DR
City-St-Zip: ORLANDO, FL 32836

Title: SD (X) Change () Addition
Name: FORGEY, JEANNE
Address: 10314 NEWINGTON DR
City-St-Zip: ORLANDO, FL 32836

Title: TD () Delete
Name: DODD, AMBER
Address: 10024 NEWINGTON DR
City-St-Zip: ORLANDO, FL 32836

Title: TD (X) Change () Addition
Name: GILES, ADAM
Address: 10134 NEWINGTON DR
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: THOMAS, MELINDA
Address: 7912 BAYFLOWER WAY
City-St-Zip: ORLANDO, FL 32836

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: MILEY GARDEE

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date