

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000001747

FILED
Feb 10, 2009
Secretary of State

Entity Name: SANDPOINT AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

498 PALM SPRINGS DRIVE #235
SUITE 235
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

6515 DOUBLETTRACE LANE
ORLANDO, FL 32819

Current Mailing Address:

498 PALM SPRINGS DRIVE #235
SUITE 235
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

6515 DOUBLETTRACE LANE
ORLANDO, FL 32819

FEI Number: 59-3548666

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:

BELLINI, ELISABET
6515 DOUBLETTRACE LANE
ORLANDO,, FL 32819 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: ELISABET BELLINI

02/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: POSITANO, PETER
Address: 14317 SUNBAY
City-St-Zip: ORLANDO, FL 32824

Title: DS () Delete
Name: VERA, ENRIQUE
Address: 1207 SANDESTIN WAY
City-St-Zip: ORLANDO, FL 32824

Title: TD () Delete
Name: ALGABALI, JAMAL
Address: 14345 SUN BAY DR.
City-St-Zip: ORLANDO, FL 32824

Title: D (X) Delete
Name: ALICEA, DAVID
Address: 1283 SAN DESTIN WAY
City-St-Zip: ORLANDO, FL 328543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DAVID, ALICEA
Address: 1283 SANDESTIN WAY
City-St-Zip: ORLANDO, FL 32824

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

Title: TD (X) Change () Addition
Name: DORADO, GUILLERMO
Address: 14313 SUN BAY DR.
City-St-Zip: ORLANDO, FL 32824

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: DAVID ALICEA

DP

02/10/2009

Electronic Signature of Signing Officer or Director

Date