

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 15, 2009
Secretary of State

DOCUMENT# N98000001747

Entity Name: SANDPOINT AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**6515 DOUBLETRACE LANE
ORLANDO, FL 32819**New Principal Place of Business:****Current Mailing Address:**6515 DOUBLETRACE LANE
ORLANDO, FL 32819**New Mailing Address:****FEI Number:** 59-3548666**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BELLINI, ELISABET
6515 DOUBLETRACE LANE
ORLANDO,, FL 32819 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: DAVID, ALICEA
Address: 1283 SANDESTIN WAY
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: DORADO, GUILLERMO
Address: 14313 SUN BAY DR.
City-St-Zip: ORLANDO, FL 32824**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**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

04/15/2009

Electronic Signature of Signing Officer or Director

Date