FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90380 012 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003061

1. Entity Name
SANDHILL ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
856 LINCOLN RD
DELAND, FL 32724

Mailing Address
856 LINCOLN RD
DELAND, FL 32724

02212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3566357

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, TERRY C
1111 SAXON BLVD.
ORANGE CITY, FL 32763

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Terry C. Williams DATE: 4/14/05
Name of signed or printed name of registered agent and title if applicable.
NOTE: Registered Agent signature required when reinstating.

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILLIAMS, TERRY C
STREET ADDRESS	856 LINCOLN RD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	WILLIAMS, DEBORAH R
STREET ADDRESS	856 LINCOLN RD.
CITY-ST-ZIP	DELAND, FL 32724
TITLE	D
NAME	RAZZETTI, ALBERT J
STREET ADDRESS	880 LINCOLN RD
CITY-ST-ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL