## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

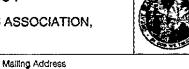
## DOCUMENT # N98000003061

SANDHILL ESTATES HOMEOWNERS ASSOCIATION,

INC.

Principal Place of Business

856 LINCOLN RD DELAND, FL 32724



**FILED** Mar 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02132006 No Chg-NP CR2E037 (11/05)

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						
VILLIAMS, TERRY C						
DRANGE CITY, FL 32763						

## DO NOT WRITE IN THIS SDACE

					THO OF ACE
	named entity submits this statement for the policies of registered agent.	rpose of changing its registered off	ice or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Agent	signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing Trust Fund Cantribution.		\$5.00 May Be Added to Fees	0000000454337 03/15/06-80012-002 61.25
10.	OFFICERS AND DIRECT	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TERRY C 856 LINCOLN RD DELAND, FL 32724				•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WILLIAMS, DEBORAH R 856 LINCOLN RD. DELAND, FL 32724				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAZZETTI, ALBERT J 880 LINCOLN RD DELAND, FL 32724			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZP					
12. I hereby of	certify that the information supplied with this fill	ing does not qualify for the exemption	ons cor	ntained in Chapter 11	9, Florida Statutes, I further certify that the information of as if made under path, that I am an officer or director

indicated on this tepor to supplemental report is true ago accurate and figst my signature shall have the same legal effect as it 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, Fiorida 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 impowered.