2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000004619

1. Entity Name SANDHILL LANE HOMEOWNERS' ASSOCIATION, INC.





FILED
Apr 03, 2006 8:00 am
Apr 03, 2006 8:00 am Secretary of State
04-03-2006 90388 045 ****61.25

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Principal Place of Business 3601 CYPRESS GARDENS RD, STE A WINTER HAVEN, FL 33884			Mailing Address 3601 CYPRESS GARDENS RD, STE A WINTER HAVEN, FL 33884										
2. Principal Place of Business 3. Ma				Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03132006	Chg-NP	CF	R2E037 (11/05	5)	
City & State C				City & State			4. FEI Number 59-3626(026			Applied For Not Applicable		
Zip	ip Country Zip				Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	Agent				7. Name and A	ddress of N	lew Regist	ered Agent		
14/00D //	011110 10					Name						, , , , , , , , , , , , , , , , , , ,	
WOOD, JOHN G JR 3601 CYPRESS GARDENS RD, STE A WINTER HAVEN, FL 33884						Street Address (P.O. Box Number is Not Acceptable)							
						City			-		P	nde	
						, ,					FL Zip C	000	
the obliga	itions of registe	submits this statement for ered agent.	r the purpo	se of changing its	registere	ed office or	register	ed agent, or both,	in the State	of Florida.	ł am familiar wi	th, and accept	
SIGNATURE		or printed name of registered agent a	and title if appli	cable. (NOTE	: Registered	d Agent signatu	re required	when reinstating)		- 0	DATE	.	
Filing Fee Is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10.		OFFICERS AND DIF	RECTORS		11.			ODITIONS/CHAN	GES TO OF	FICERS AN	ID DIRECTORS	IN 10	
TITLE	PD	***		☑ Delete	TITLE		PD		323 . 3 3.	1102/10/11		37	
NAME	WOOD, JO	HN G		LAS Delete	NAME			* *			☐ Chang	e 1 _1 Addition	
STREET ADDRESS		RESS GARDENS RD.	STE A			ET ADDRESS		Watson	_				
CITY-ST-ZIP		AVEN, FL 33884	J.L./,			av 710	_	Sandhill					
	VD	7.17.2.17.7.2.0000-7					Wint	<u>er Haven,</u>	$_{\rm FL}$ 3	3 <u>3884</u>			
TITLÉ NAME	WOOD, JO	NUM C ID		☐ Delete	TITLE	1					☐ Chang	e 🔲 Addition	
STREET ADDRESS	1		CTE A		NAME	· I							
CITY-ST-ZIP	Ł	RESS GARDENS RD, : AVEN, FL 33884	SIEA			ET ADDRESS							
		AVEN, FL 33004			_	ST-ZIP							
TITLE	STD	10144011		Delete	TITLE	1	STD				Change	Addition	
NAME Street adoress	WOOD, TH		075.4		NAME	1	Don	Guilmette					
CITY-ST-ZIP		RESS GARDENS RD, I	SIEA			ET ADDRESS	1814	Sandhill	Lane				
	WINTERH	AVEN, FL 33884			CITY-	ST-ZIP	Wint	er Haven,	FL 3	33884			
TITLE				☐ Delete	TITLE			,			Change	Addition	
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CITY+ST-ZIP					CITY-	ST-ZIP							
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5 5. <u>2.</u> ,													
TITLE		· · · · · · ·		☐ Delete	TITLE						☐ Change	e Addition	
TITLE NAME				☐ Delete	TITLE NAME	i			, , , , , ,		Change	Addition	
TITLE NAME STREET ADDRESS				☐ Delete	NAME	i					Change	Addition	
TITLE NAME				☐ Delete	NAME STREE	:					☐ Change	Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #