
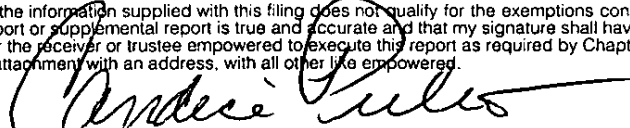


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90185 011 \*\*\*\*61.25

<b>DOCUMENT # N99000005783</b> 1. Entity Name <b>SAND HILLS VILLAGE NEIGHBORHOOD ASSOCIATION, INC.</b>					
Principal Place of Business <del>5980 WINSTON TRAILS BLVD</del> <del>LAKE WORTH, FL 33463</del>				Mailing Address <del>5980 WINSTON TRAILS BLVD</del> <del>LAKE WORTH, FL 33463</del>	
2. Principal Place of Business <b>Sand Hills Village</b> Suite, Apt. #, etc.		3. Mailing Address <b>901 North Point Parkway</b> Suite, Apt. #, etc. <b>307</b> City & State <b>West Palm Beach</b> Zip <b>33407</b> Country <b>Palm Beach</b>			
City & State <b>West Palm Beach</b>		4. FEI Number <b>65-1034880</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33407</b>		Country <b>Palm Beach</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SKRLD INC.</b> <b>201 ALHAMBRA CIR</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>Make check payable to Florida Department of State</b> </div> <div style="width: 48%;"> </div> </div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VALENTINE, AL</b> <b>6448 SAND HILLS CIRCLE</b> <b>LAKE WORTH, FL 33463</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Heidi Dahlhof</b> <b>6214 Sand Hills Circle</b> <b>Lake worth FL 33463</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CORMWELL, CHARLES</b> <b>6231 SANDHILLS CIRCLE</b> <b>LAKE WORTH, FL 33463</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROBINSON, DAVID</b> <b>6112 SAND HILLS CIRCLE</b> <b>LAKE WORTH, FL 33463</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T</b> <b>PULEO, CANDICE</b> <b>6477 SAND HILLS CIRCLE</b> <b>LAKE WORTH, FL 33463</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FLORID, MICHAEL</b> <b>6111 SAND HILLS CIRCLE</b> <b>LAKE WORTH, FL 33463</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 			Date: <b>2/15/06</b> Daytime Phone #: <b>954 420 4587</b>		