

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005783

FILED
Jan 27, 2009
Secretary of State

Entity Name: SAND HILLS VILLAGE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

1 SAND HILLS VILLAGE
LAKE WORTH, FL 33463

New Principal Place of Business:

5980 WINSTON TRAILS BLVD.
LAKE WORTH, FL 33463

Current Mailing Address:

901 NORTHPOINT PARKWAY
307
WEST PALM BEACH, FL 33407

New Mailing Address:

5980 WINSTON TRAILS BLVD.
LAKE WORTH, FL 33463

FEI Number: 65-1034880

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD INC.
201 ALHAMBRA CIR
CORAL GABLES, FL 33134 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: D () Delete
Name: VALENTINE, AL
Address: 6448 SAND HILLS CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: REED, BARRY
Address: 6298 SAND HILLS CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: P () Delete
Name: ROBINSON, DAVID
Address: 6112 SAND HILLS CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

Title: ST () Delete
Name: SELTZER, CLIFFORD
Address: 6165 SANDHILLS CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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:

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 ROBINSON

P

01/27/2009

Electronic Signature of Signing Officer or Director

Date