

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthern  
Secretary of State  
DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 22 PM 3:24

DOCUMENT # 730228 (4)

1. Corporation Name

SUGAR MILL GOLF TOWNHOUSES CONDOMINIUM ASSOCIATI  
ON, INC.

Principal Place of Business

Mailing Address

101 CLUBHOUSE BLVD. RR 1  
NEW SMYRNA BCH FL 32168

101 CLUBHOUSE BLVD. RR 1  
NEW SMYRNA BCH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 07/16/1974	3a. Date of Last Report 07/10/1994
4. FEI Number 59-1669287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, SCOTT J.  
243 CLUBHOUSE BV  
NEW SMYRNA BEACH FL 32168

B1 Name CLARK, MINKE
B2 Street Address (P.O. Box Number is Not Acceptable) 300 SWEET BAY AVE
B3 NEW SMYRNA BEACH
B4 City FL 32168

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE C.M. Clark C.M. CLARK DATE 3/13/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S	ROBERTSON, W W
STREET ADDRESS 253 CLUBHOUSE BLVD	NEW SMYRNA BCH FL 32168
CITY - ST - ZIP	
TITLE P	HARRISON, S.J.
STREET ADDRESS 243 CLUBHOUSE BV	NEW SMYRNA BCH, FL 00000
CITY - ST - ZIP	
TITLE D	CLARK, M
STREET ADDRESS 300 SWEETBAY AVE	NEW SMYRNA BCH FL
CITY - ST - ZIP	
TITLE DT	CODRINGTON, W.
STREET ADDRESS 200 SWEETBAY AVE	NEW SMYRNA BCH FL
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE SD	ROBERTSON W.W	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	253 CLUBHOUSE BLVD	
1.3 STREET ADDRESS	NEW SMYRNA BCH, FL 32168	
1.4 CITY - ST - ZIP		
2.1 TITLE PD	CLARK M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	300 SWEET BAY AVE	
2.3 STREET ADDRESS	NEW SMYRNA BEACH FL 32168	
2.4 CITY - ST - ZIP		
3.1 TITLE DV	GILMORE J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	547 BOTTLE BRUSH	
3.3 STREET ADDRESS	NEW SMYRNA BEACH FL 32168	
3.4 CITY - ST - ZIP		
4.1 TITLE DT	CODRINGTON W.O.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200 SWEET BAY AVE	
4.3 STREET ADDRESS	NEW SMYRNA BEACH FL 32168	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C.M. Clark C.M. CLARK DATE 3/13/95 (904) 428-6278

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Time