2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #744415

FILED Feb 19, 2007 8:00 am Secretary of State

02-19-2007 90047 050 ****61.25

1. Entity Nam SUGART		MEOWNER'S ASS	SOCIATIO	N, INC.									
2345 SUGARTREE AVE PC			PO BOX	eiling Address PO BOX 2085 PENSACOLA, FL 32513 US									
2. Principal Place of Business - No P.O. Box # 3. Mai				ailing Address									
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			02062007	Chg-NP	CR2E0	37 (12/06)			
City & State			City & State			4. FEI Number Applied For 59-1309954 Not Applied be				•			
Zip	Zip Country		Zip	Zip Cou							8.75 Additional ee Required		
6. Name and Address of Current Registered				gent			7. Name and A	ddress of New	Registered	Agent			
CLAPK NI	⊏ii A				Nar	me							
CLARK, NEIL A 2345 SUGARTREE AVE PENSACOLA, FL 32503					Stre	Street Address (P.O. Box Number is Not Acceptable)							
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					City	у			FL	Zip Cod	e		
	named entity ions of regist	y submits this statement fered agent.	or the purpose	of changing its	registered offic	ice or register	ed agent, or both	, in the State of F	Florida. I am	familiar with,	and accept		
SIGNATURE .	Signature, typed	or printed name of registered agen	nt and title if applicat	ole (NOT	E Registered Agent	signature required	when reinstating)		DATE				
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
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10.	_		IRECTORS					Fic	orida Depa	rtment of S	tate		
IITLE	Due by N	OFFICERS AND D	IRECTORS		f1.		Added to Fees ADDITIONS/CHAI	NGES TO OFFIC	orida Depa CERS AND D	rtment of S	tate		
	P BRAY, RE	OFFICERS AND D	IRECTORS	Trust Fund (Contribution.		Added to Fees ADDITIONS/CHAI	NGES TO OFFIC	orida Depa CERS AND D	rtment of SI	1 10		
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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.

Plif a. Clark Neil A. Clar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Neil A. Clark 850-437-9676