

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # 744415

1. Entity Name
SUGARTREE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**2345 SUGARTREE AVE
P.O. BOX 2085
PENSACOLA, FL 32513 US**

Mailing Address
**PO BOX 2085
PENSACOLA, FL 32513 US**

40019801



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02062007

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1309954

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CLARK, NEIL A
2345 SUGARTREE AVE
PENSACOLA, FL 32503**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **BRAY, REBECCA**
STREET ADDRESS **3300 SUGARTREE AVE**
CITY-STATE-ZIP **PENSACOLA, FL 32503**

TITLE **P** ☒ Change ☐ Addition
NAME **Porter, Kenneth**
STREET ADDRESS **3381 Sugartree Drive South**
CITY-STATE-ZIP **Pensacola, FL 32503**

TITLE **VP** ☒ Delete
NAME **HOLLEY, BONNIE**
STREET ADDRESS **2340 INVERNESS DR**
CITY-STATE-ZIP **PENSACOLA, FL 32503**

TITLE **VP** ☒ Change ☐ Addition
NAME **Howard, John**
STREET ADDRESS **2370 Sugartree Ave.**
CITY-STATE-ZIP **Pensacola, FL 32503**

TITLE **S** ☒ Delete
NAME **STRAYHORN, ROBERT**
STREET ADDRESS **2351 SUGARTREE AVE**
CITY-STATE-ZIP **PENSACOLA, FL 32503**

TITLE **S** ☒ Change ☐ Addition
NAME **Gilmore, Bernice**
STREET ADDRESS **3370 Sugartree Drive North**
CITY-STATE-ZIP **Pensacola, FL 32503**

TITLE **T** ☐ Delete
NAME **CLARK, NEIL A**
STREET ADDRESS **2345 SUGARTREE AVE**
CITY-STATE-ZIP **PENSACOLA, FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **AT** ☒ Delete
NAME **HOWARD, JOHN**
STREET ADDRESS **2370 SUGARTREE AVE**
CITY-STATE-ZIP **PENSACOLA, FL 32503**

TITLE **AT** ☒ Change ☐ Addition
NAME **Holley, Bonnie**
STREET ADDRESS **2340 Inverness Dr.**
CITY-STATE-ZIP **Pensacola, FL 32503**

TITLE **AT** ☒ Delete
NAME **PORTER, KEN**
STREET ADDRESS **3381 SUGARTREE DR SOUTH**
CITY-STATE-ZIP **PENSACOLA, FL 32503**

TITLE **AT** ☒ Change ☐ Addition
NAME **Ralphs, David**
STREET ADDRESS **1900 Scenic Hwy., #4, #**
CITY-STATE-ZIP **Pensacola, FL 32503**

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.

SIGNATURE: *Neil A. Clark* **Neil A. Clark**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/07
Date

850-437-9676
Daytime Phone #