


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 790874
 1. Entity Name
NEW HOPE SUGAR CO-OP



Principal Place of Business Mailing Address
ONE NORTH CLEMATIS ST STE 200 **ONE NORTH CLEMATIS ST STE 200**
WEST PALM BEACH, FL 33401 **WEST PALM BEACH, FL 33401**

DO NOT WRITE IN THIS SPACE



02072008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-1029269 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TABERNILLA, ARMANDO A
ONE NORTH CLEMATIS ST STE 200
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

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, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	DEV
NAME	CARSON, DONALD W
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	HERNANDEZ, OSCAR R
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DP
NAME	RECIO, ALBERTO
STREET ADDRESS	ONE NORTH CLEMATIS STS TE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	VT
NAME	BLOMQUIST, ERIK J
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DVS
NAME	TABERNILLA, ARMANDO A
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	V
NAME	RYAN IV, ALLAN A
STREET ADDRESS	ONE NORTH CLEMATIS ST STE 200
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

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U00000910188
 05/06/08-80089-013 61.25

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:  By: **Armando A. Tabernilla, V.P.** **4/20/08** **(561) 366-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #