


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90995 025 ****61.25

DOCUMENT # N36755
 1. Entity Name
THE MEADOWS OF SUGAR MILL, INC.



Principal Place of Business
**RED MAPLE WAY, LOCH LINNHE
 LOCH LAGGAN, LOCH LOMOND
 NEW SMYRNA BEACH, FL 32168 US**

Mailing Address
**ATLANTIC COMM ASSOC MGMT & ACCT INC.
 507 HERBERT ST., STE. C
 PORT ORANGE, FL 32129 US**

94065826



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04022004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

**REIMER, R L
 %ATLANTIC COMM ASSOC MGMT & ACC INC
 507 HERBERT ST., STE. C
 PORT ORANGE, FL 32129**

7. Name and Address of New Registered Agent

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, 2004**

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 PD
 NAME CHAVERS, JOHN Delete
 STREET ADDRESS 1108 LOCH LOMOND CT.
 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE D Change Addition
 NAME Chavers, John
 STREET ADDRESS 1108 Loch Lomond Ct.
 CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE D Delete
 NAME SCHULTZ, THOMAS
 STREET ADDRESS 1124 LOCH LOMOND CT
 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE PD Change Addition
 NAME Cooper, Vivian
 STREET ADDRESS 1115 Loch Linnhe Court
 CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE STD Delete
 NAME WALSH, ANDREW
 STREET ADDRESS 1074 RED MAPLE WAY
 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE VD Change Addition
 NAME Brock, Joseph
 STREET ADDRESS 1081 Red Maple Way
 CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE D Delete
 NAME MORGAN, DONALD
 STREET ADDRESS 1113 LOCH LAGGAN CT.
 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE SD Change Addition
 NAME Eggers, David
 STREET ADDRESS 1107 Loch Laggan Court
 CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Change Addition
 NAME Owen, William
 STREET ADDRESS 1105 Loch Lomond Court
 CITY-ST-ZIP New Smyrna Beach, FL 32168

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Owen

4/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #