


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90256 003 ****61.25

DOCUMENT # N36755

1. Entity Name
THE MEADOWS OF SUGAR MILL, INC.



Principal Place of Business
**RED MAPLE WAY, LOCH LINDHE
 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**



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

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

City & State

City & State

Zip Country Zip Country

04122006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3028649

Applied For
 Not Applicable

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDY, MARSHA	
STREET ADDRESS	1063 RED MAPLE WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WALSH, ANDREW	
STREET ADDRESS	1074 RED MAPLE WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROCK, JOSEPH	
STREET ADDRESS	1081 RED MAPLE WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	EGGERS, DAVID	
STREET ADDRESS	1107 LOCH LAGGAN COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OWEN, WILLIAM	
STREET ADDRESS	1105 LOCH LAMOND COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brock, Joseph	
STREET ADDRESS	1081 Red Maple Way	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sommer, George	
STREET ADDRESS	1114 Loch Lomond Ct	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	P/B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chavers, John	
STREET ADDRESS	1108 Loch Laggan Ct.	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 in 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 shown on an attachment with an address, with all other like empowered.

SIGNATURE: William Owen **4-13-06**

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