

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90051 041 ****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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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


City & State
 Zip Country

4. FEI Number
 59-3028649

Applied For
 Not Applicable

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

03152007 Chg-NP CR2E037 (12/06)



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, 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUNDY, MARSHA	
STREET ADDRESS	1063 RED MAPLE WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	WALSH, ANDREW	
STREET ADDRESS	1074 RED MAPLE WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	BROCK, JOSEPH	
STREET ADDRESS	1081 RED MAPLE WAY	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SOMMER, GEORGE	
STREET ADDRESS	1114 LOCH LOMOND CT	
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	PD	<input type="checkbox"/> Delete
NAME	CHAVERS, JOHN	
STREET ADDRESS	1108 LOCH LAGGAN CT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOJAIM, CHARLES	
STREET ADDRESS	1108 LOCH LINNHE CT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEDFORD, HARLAN	
STREET ADDRESS	1111 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		
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 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 **3/23/07** **386 474 1671**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #