

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36755

FILED  
Mar 13, 2012  
Secretary of State

**Entity Name:** THE MEADOWS OF SUGAR MILL, INC.

**Current Principal Place of Business:**

RED MAPLE WAY, LOCH LINNHE  
LOCH LAGGAN, LOCH LOMOND  
NEW SMYRNA BEACH, FL 32168 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ATLANTIC COMM ASSOC MGMT & ACCT INC.  
507 HERBERT ST., STE. C  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 59-3028649      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

YACEK, RENNY M  
%ATLANTIC COMM ASSOC MGMT & ACC INC  
507 HERBERT ST., STE. C  
PORT ORANGE, FL 32129 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MEDFORD, HARLAN  
Address: 1111 LOCH LAGGAN CT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD  
Name: SCHMIDT, MICHAEL  
Address: 1067 RED MAPLE WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD  
Name: FENTON, THOMAS  
Address: 1076 RED MAPLE WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: TD  
Name: FRAME, NANCY  
Address: 1077 RED MAPLE WAY  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D  
Name: ARMSTRONG, 1105 LOCH LAGG  
Address: 1111 LOCH LAGGAN CT  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HARLAN MEDFORD

PD

03/13/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date