


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000007765		
1. Entity Name SUGAR MILL LAKES HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 2307 9 STREET E BRADENTON, FL 34208	Mailing Address 2307 9 STREET E BRADENTON, FL 34208	



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1202847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VICKERS, LOREEN 2307 9 STREET E BRADENTON, FL 34208

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE - NAME STREET ADDRESS CITY - ST - ZIP	D GEARTZ, KENT 5610 33 ST E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VICKERS, LOREEN 9731 FORRESTER DR BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYDEN, SHEILA 6307 TURNER GAP RD BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/24/07-80087-017 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Sheila Hayden* **SHEILA HAYDEN** *1/18/07* *941-729-5400*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #