

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
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**

DO NOT WRITE IN THIS SPACE



04072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-1202847

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

0000038874
04/22/08-80032-004 61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sheila Hayden **SHEILA HAYDEN**

4/7/08 (941) 729-5400
Date Daytime Phone #