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FILED

Jan 31, 2003 8:00 am

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Secretary of State 01-06-2003 90007 041 ****70.00 **DOCUMENT # N39924** 1. Entity Name SUGAR MILL PLANTATION HOMEOWNERS' ASSOCIATION, I Principal Place of Business Mailing Address 16 AUDUBON LANE P.O. BOX 278 FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3092598 City & State City & State Applied For Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired 又 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ste HAWKINS, DONALD E Street Address (P.O. Box Number is Not Acceptable 501 SOUTH RIDGEWOOD AVENUE AR_ DAYTONA BEACH FL 32114 City 8. The above named entity sulfmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (10/05) Delete Change Ch ☐ Addition TITLE TITLE SMITH, DOUG NAME NAME STREET ADDRESS **42 AUDUBAN LN** STREET ADDRESS CR2E037 CITY-ST-ZIP FLAGLER BEACH FL 32136 CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition O NAME KONCHAN, DAVE NAME 25 SUGARMILL LANE STREET ADDRESS STREET ADDRESS FLAGLER BEACH FL-32136 CITY ST ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition 7 OSWALD, BRUCE N NAME NAME 22 AUDUBON LANE STREET ADDRESS STREET ADDRESS FLAGLER BEACH FL 32136 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITL F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report of supplemental report to true and accurate and that my signature shell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the deserver 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 attachine the many difference of the corporation of the

of the corporation of the tagelver of trustee ampowered to execute this report as required by Chapter 617, Florida Statutes; and the changed, or on an attaching the with an address with all other like empowered.

SIGNATURE:

STORY AND THE PROPERTY OF THE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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