

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 307048 (9)
 1. Corporation Name
SUGARMILL WOODS COMMUNITIES, INC.

Principal Place of Business 96 CYPRESS BLVD. WEST HOMOSASSA SPRINGS FL 34446	Mailing Address 226 E JOEL BLVD LEHIGH ACRES FL 33972-5230
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1966	3a. Date of Last Report 03/18/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1219483		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALLISON, JANET 226 E JOEL BLVD. LEHIGH ACRES FL 33972		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 33972	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM I. LIVINGSTON	1.2 NAME	
STREET ADDRESS	226 E JOEL BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	1.4 CITY - ST - ZIP	33972
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANDELL, DONNIE R	2.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	2.4 CITY - ST - ZIP	33972
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLQUIST, LAURA A	3.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	3.4 CITY - ST - ZIP	33972
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, JANET	4.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	4.4 CITY - ST - ZIP	33972
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN A. NATIELLO	5.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL	5.4 CITY - ST - ZIP	33972
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, CHARLES R	6.2 NAME	
STREET ADDRESS	226 E. JOEL BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	LEHIGH ACRES FL 33972	6.4 CITY - ST - ZIP	33972

14. I do hereby 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/97
 Date

941-368-6279
 Daytime Phone #

CR2E034 (9/96)