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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

307048

(9)

SUGARMILL WOODS COMMUNITIES, INC.

FILED Mar 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						141 - Gib it - Gibit - Bibit - Bibit - Bibit - Bibit
96 CYPRESS BLVD. WEST 226 E JOEL BLVD LEHIGH ACRES FL 34446 LEHIGH ACRES FL 3			336		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified 07/12/1966	
2. Principal P	Place of Business	2a, Mailing Address		4. FEI Number	Applied For	
21		26		59-1219483	Not Applicable	
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional	
22		27		b. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	L		Cou	ntry	8. This corporation owes or has paid the current year Intangible	
24	25 29 33972 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes No		
				81 Name	IV. Hallio alla Addioss of New No.	gistored Agent
ALLISON, JANET						
226 E JOEL BLVD. LEHIGH ACRES FL 33972				82 Street Addr	ddress (P.O. Box Number is Not Acceptable)	
LEI	nigh Acres FL 33872			83		· · ·
				A1 01:		
				84 City		FL 85 Zip Code
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, typod or pointed name of registered agent and title if applicable (NOTE: Reg				Agent signature requir		DATE
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change Addition
TITLE	PD WILLIAM I LINGNICCTON	T) percit	1.1 10			Change Addition
NAME WILLIAM I. LIVINGSTON STREET ADDRESS 226 E JOEL BLVD.			12 NA	!		
STREET AODRESS	4 THOU 4 CORE THE 2747 1			REET ADDRESS		
CITY-ST-ZIP TITLE	D DELETE		2.1 717	IY-ST-ZIP		Change Addition
NAME	CRANDELL, DONNIE R		2.2 NA			
STREET ADDRESS	226 E. JOEL BLVD.			REET ADORESS		
CITY-ST-ZIP	LEHIGH ACRES FL 339	72		TY-ST-ZIP		:
TITLE	VD	DELETE	3.1 70			Change Addition
NAME	HOLQUIST, LAURA A		3.2 NA	ME		
STREET ADDRESS	226 E. JOEL BLVD.		3.3 ST	REET ADDRESS		
CITY - ST - ZIP	LEHIGH ACRES FL 33972		3.4. CI	TY-ST-7IP		
TITLE	VS	DELETE	4.1 TII	LE		Change Addition
NAME	allison, janet		4.2 N	ME .		
STREET ADDRESS	226 E. JOEL BLVD.		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 339			Y-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TH	į.		Change Addition
NAME	JOHN A. NATIELLO		5.2 NA			
STREET ADDRESS	226 E. JOEL BLVD.			REET ADDRESS		1
CITY-ST-ZIP	LEHIGH ACRES FL 339	There		Y-ST-ZiP		Thomas Thaires
TITLE	AS	DELETE	6.1 TIT			☐ Change ☐ Addition
NAME	FAULKNER, CHARLES R		6.2 NA			
STREET ADDRESS	226 E. JOEL BLVD.	972		REET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL 33'	this filmo does not qualify f		Y-ST-ZIP	Section 119 07(3)(i) Florida Statutes I	further certify that the information

Interest certain the information supplied with this timing oces not quanty for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report or supplicit manual 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 address.

2/17/00