

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90291 035 ****61.25

DOCUMENT # 721084

1. Entity Name
**THE SUGAR LOAF SHORES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**17045 OVERSEAS HWY
SUGARLOAF SHORES, FL 33042-3681**

Mailing Address
**17045 OVERSEAS HWY
BOX 9
SUGARLOAF SHORES, FL 33042-3681**

14011366



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6615030

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MISIFRIS, LINDA
17248 BONEFISH LN E
SUGARLOAF SHORES, FL 33402**

Name **RODAMER, DARLENE**

Street Address (P.O. Box Number is Not Acceptable)
17123 CORAL WAY

City **SUGARLOAF SHORES** FL Zip Code **33042**

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 *Darlene Rodamer*

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P. FOLKENSTEIN, GARY**
STREET ADDRESS **340 SOUTH POINT DR.**
CITY-ST-ZIP **SUGARLOAF SHORES, FL 33042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S. KAMM, SHARON**
STREET ADDRESS **17171 MARLIN DR.**
CITY-ST-ZIP **SUGARLOAF SHORES, FL 33042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP THOMAS, MARYLOU**
STREET ADDRESS **16740 TAMARIND**
CITY-ST-ZIP **SUGARLOAF SHORES, FL 33042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D. GAGE, WALTER**
STREET ADDRESS **1725 BONEFISH LANE E**
CITY-ST-ZIP **SUGARLOAF SHORES, FL 33042**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D. MONTANA, MARGE**
STREET ADDRESS **135 SUGARLOAF DRIVE**
CITY-ST-ZIP **SUGARLOAF SHORES, FL 33042**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR WILLIAM SCHWILERS**
STREET ADDRESS **17143 CORAL WAY**
CITY-ST-ZIP **SUGARLOAF SHORES, FL 33042**

TITLE ☒ Delete
NAME **T. MISIFRIS, LINDA**
STREET ADDRESS **17248 BONEFISH LANE E**
CITY-ST-ZIP **SUGARLOAF SHORES, FL 33042**

TITLE ☐ Change ☒ Addition
NAME **TREASURER DARLENE RODAMER**
STREET ADDRESS **17123 CORAL WAY**
CITY-ST-ZIP **SUGARLOAF SHORES, FL 33042**

12. I 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 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: *Gary Folkenstein*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2005 305/745-9419
Date Daytime Phone #