


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90110 023 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODAMER, DARLENE 17123 CORAL WAY SUMMERLAND KEY, FL 33042				Name JOAN GRANDER Street Address (P.O. Box Number is Not Acceptable) 17086 ALLAMANDA DR. W. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOLKENSTEIN, GARY		NAME	GORDON A. WEST	
STREET ADDRESS	340 SOUTH POINT DR.		STREET ADDRESS	17086 ALLAMANDA DR. W	
CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042		CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	V. PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAMM, SHARON		NAME	STEPHEN MIZNER	
STREET ADDRESS	17171 MARLIN DR.		STREET ADDRESS	435 SOUTH POINT DR.	
CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042		CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MARYLOU		NAME		
STREET ADDRESS	16740 TAMARIND		STREET ADDRESS		
CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAGE, WALTER		NAME	RONALD RODAMER	
STREET ADDRESS	1725 BONEFISH LANE E		STREET ADDRESS	17123 CORAL DR.	
CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042		CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTANA, MARGE		NAME	MARCO PRIETO	
STREET ADDRESS	135 SUGARLOAF DRIVE		STREET ADDRESS	17066 ALLAMANDA DR. W	
CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042		CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODAMER, DARLENE		NAME	JOAN GRANDER	
STREET ADDRESS	17123 CORAL WAY		STREET ADDRESS	17086 ALLAMANDA DR. W	
CITY - ST - ZIP	SUMMERLAND KEY, FL 33042		CITY - ST - ZIP	SUGARLOAF SHORES, FL 33042	
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: <i>Joan P. Grander, Treas.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/20/06 305-745-9861 Date Daytime Phone #		