

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90430 003 ****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**

40090124



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04252007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6615030

Applied For
Not Applicable

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

**GRANDER, JOAN
17086 LLAMANDA DR W
SUMMERLAND KEY, FL 33042**

Name

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

City

FL

Zip Code

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

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, 2007**

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

TITLE **P** ☐ Delete
NAME **WEST, GORDON A**
STREET ADDRESS **17086 ALLAMANDA DR W**
CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

TITLE **VP** ☒ Delete
NAME **MIZNER, STEPHEN**
STREET ADDRESS **435 SOUTH PONIT DR**
CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

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

TITLE **D** ☒ Delete
NAME **RADAMER, RONALD**
STREET ADDRESS **17123 CORAL DR**
CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

TITLE **D** ☐ Delete
NAME **PRIETO, MARCO**
STREET ADDRESS **17066 ALLAMANDA DR W**
CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

TITLE **T** ☐ Delete
NAME **GRANDER, JOAN**
STREET ADDRESS **17086 ALLAMANDA DR W**
CITY-ST-ZIP **SUMMERLAND KEY, FL 33042**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME **MIA HOWE**
STREET ADDRESS **17171 SEAGRAPE LANE**
CITY-ST-ZIP **SUGARLOAF KEY, FL 33042**

TITLE ☐ Change ☒ Addition
NAME **ANNE SHAVER**
STREET ADDRESS **17273 LABRISA LANE**
CITY-ST-ZIP **SUGARLOAF KEY, FL 33042**

TITLE ☐ Change ☒ Addition
NAME **JAN DIAMONDSTONE**
STREET ADDRESS **430 S. POINT DR.**
CITY-ST-ZIP **SUGARLOAF KEY, FL 33042**

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

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

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:

Joan A. Grander **JOAN A. GRANDER** 4/26/07 305-745-9861

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #