## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#721084**

City-St-Zip:

SUGARLOAF KEY, FL 33042

FILED Mar 16, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 17045 OVERSEAS HWY SUGARLOAF SHORES, FL 330423681 **Current Mailing Address: New Mailing Address:** 17045 OVERSEAS HWY BOX 9 SUGARLOAF SHORES, FL 330423681 FEI Number: 59-6615030 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DIAMONDSTONE, JAN 430 S POINT DR SUGARLOAF KEY, FL 33042 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition MCCARY, STUART DYE. DARRELL Name: Name: 17114 BUTTONWOOD DR W Address: 17046 ALAMANDA DR WEST Address: City-St-Zip: SUGARLOAF KEY, FL 33042 City-St-Zip: SUGARLOAF KEY, FL 33042 Title: Title: ( ) Delete (X) Change ( ) Addition DYE, DARRALL Name: HOWE, MIA Name: Address: 17046 ALAMANDA Address: 17171 SEAGRAPE LN City-St-Zip: SUGARLOAF KEY, FL 33042 City-St-Zip: SUGARLOAF KEY, FL 33042 Title: Title: (X) Change ( ) Addition ( ) Delete CADY, MELVI BONAR, LORA Name: Name: 23 SUGARLOAF DR Address: 16780 TAMARIND Address: City-St-Zip: SUGARLOAF KEY, FL 33042 City-St-Zip: SUGARLOAF KEY, FL 33042 Title: ( ) Delete Title: () Change () Addition Name: DIAMONDSTONE, JAN Name: Address: 430 S. POINT DR. Address: City-St-Zip: SUGARLOAF KEY, FL 33042 City-St-Zip: Title: (X) Delete Title: () Change () Addition MCCARTY, MARY Name: Name: 17114 BUTTONWOOD DR W Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JAN DIAMONDSTONE T 03/16/2009