# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **730503** **(0)**

1. Corporation Name

**SUGARLOAF PARK CONDOMINIUM APARTMENTS, PHASE ONE , INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 940 N.W. 201 TERRACE<br>PEMBROKE PINES FL 33029 | 940 N.W. 201 TERRACE<br>PEMBROKE PINES FL 33029 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1974
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2038306 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| LAJEUNESSE, MICHAEL<br>940 N.W. 201 TERRACE<br>PEMBROKE PINES FL 33029 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ 4/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 11 TITLE | Co Director | ☐ Change ☑ Addition |
| NAME | BARLOW, MAGDALINE | 12 NAME | Ron Golton | |
| STREET ADDRESS | 6300 MOSLEY STREET | 13 STREET ADDRESS | 6314 mosely ST | |
| CITY-ST-ZIP | HOLLYWOOD FL | 14 CITY-ST-ZIP | Hollywood, FL 33024 | |
| TITLE | D | 21 TITLE | Co Director | ☐ Change ☑ Addition |
| NAME | LAJEUNESSE, MICHAEL | 22 NAME | Phil Kelly | |
| STREET ADDRESS | 940 N.W. 201 TERRACE | 23 STREET ADDRESS | 6312 moseley ST | |
| CITY-ST ZIP | PEMBROKE PINES FL | 24 CITY-ST-ZIP | Hollywood, FL 33024 | |
| TITLE | D | 31 TITLE | Co-Director | ☐ Change ☑ Addition |
| NAME | HUDDLESTON, DONNA | 32 NAME | Patricia Milligan | |
| STREET ADDRESS | 1145 TYLER STREET | 33 STREET ADDRESS | 6310 moseley ST | |
| CITY-ST-ZIP | HOLLYWOOD FL | 34 CITY-ST-ZIP | Hollywood, FL 33024 | |
| TITLE | | 41 TITLE | Co Director | ☐ Change ☑ Addition |
| NAME | | 42 NAME | Delores Villar | |
| STREET ADDRESS | | 43 STREET ADDRESS | 6308 Mosely ST | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | Hollywood, FL 33024 | |
| TITLE | | 51 TITLE | Co-Director | ☐ Change ☑ Addition |
| NAME | | 52 NAME | Humberto Vitarino | |
| STREET ADDRESS | | 53 STREET ADDRESS | 6304 moseley ST | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | Hollywood, FL 33024 | |
| TITLE | | 61 TITLE | | ☐ Change ☑ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

6/12

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added for reinstatement with an address.

**SIGNATURE:** _____ Michael Lajeunesse 4/10/95 305-437-1001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038720