

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 730503 (0)

1. Corporation Name

SUGARLOAF PARK CONDOMINIUM APARTMENTS, PHASE ONE
, INC.

Principal Place of Business

940 N.W. 201 TERRACE
PEMBROKE PINES FL 33029

Mailing Address

940 N.W. 201 TERRACE
PEMBROKE PINES FL 33029



3. Date Incorporated or Qualified

08/22/1974

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 6314 MOSELEY STREET

26 6314 MOSELEY STREET

4. FEI Number

59-2038306

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 City & State

23 HOLLYWOOD FL

24 Zip 33024

25 Country USA

27 City & State

28 HOLLYWOOD FL

29 Zip 33024

30 Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAJEUNESSE, MICHAEL
940 N.W. 201 TERRACE
PEMBROKE PINES FL 33029

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes

SIGNATURE

MICHAEL LAJEUNESSE

June 12, 1996

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 ☐ DELETE

NAME D BARLOW, MAGDALINE
STREET ADDRESS 6300 MOSLEY STREET
CITY-ST-ZIP HOLLYWOOD FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D LAJEUNESSE, MICHAEL
STREET ADDRESS 940 N.W. 201 TERRACE
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME D HUDDLESTON, DONNA
STREET ADDRESS 1145 TYLER STREET
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME CD BOLTON, RON
STREET ADDRESS 6314 MOSELEY ST
CITY-ST-ZIP HOLLYWOOD FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME CD KELLEY, PHIL
STREET ADDRESS 6312 MOSELEY ST
CITY-ST-ZIP HOLLYWOOD FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME CD MILLIGAN, PATRICIA
STREET ADDRESS 6310 MOSELEY ST
CITY-ST-ZIP HOLLYWOOD FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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 on an attachment with an address.

SIGNATURE:

Ron Bolton
RON BOLTON, PRESIDENT

June 12, 1996 (954) 967-0328

Date

Daytime Phone #

CR2E037 (3/96)