


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **742210** (8)
1. Corporation Name
SUGAR FOREST, PHASE III, HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 816 INDIGO CT. PORT ORANGE FL 32119	Mailing Address 816 INDIGO CT. PORT ORANGE FL 32119
---	---

3. Date Incorporated or Qualified

03/27/1978

4. FEI Number

59-2187438

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MONROE, JOHN E JR.
816 INDIGO CT.
PORT ORANGE FL 32119**

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

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	<input type="checkbox"/> DELETE
NAME	BAILEY, M	
STREET ADDRESS	796 SUGAR HOUSE DRIVE	
CITY-ST-ZIP	PORT ORANGE FL 32119	

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CANDIS SHAFER	
1.3 STREET ADDRESS	785 SUGAR CANE LN	
1.4 CITY-ST-ZIP	PT ORANGE, FL 32119	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WEMMER, H.	
STREET ADDRESS	825 SUGAR HOUSE DR.	
CITY-ST-ZIP	PORT ORANGE FL 32119	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNETT, T.	
STREET ADDRESS	798 SUGAR HOUSE DR.	
CITY-ST-ZIP	PORT ORANGE FL 32119	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMSTRONG, N.	
STREET ADDRESS	779 SUGAR CANE LANE	
CITY-ST-ZIP	PORT ORANGE FL 32119	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	TS	<input type="checkbox"/> DELETE
NAME	MONROE, J.	
STREET ADDRESS	816 INDIGO CT.	
CITY-ST-ZIP	PORT ORANGE FL 32119	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	Pres.	<input type="checkbox"/> DELETE
NAME	CANDIS SHAFER	
STREET ADDRESS	785 SUGAR CANE LN	
CITY-ST-ZIP	PT. ORANGE, FL 32119	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

John E. Monroe, Jr. **JOHN E. MONROE, JR.**

1-21-98 904 7888696

CR2E037 (10/97)