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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742210

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/27/1978

4. FEI Number

59-2187438

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME BAILEY, M

STREET ADDRESS 796 SUGAR HOUSE DRIVE

CITY-ST-ZIP PORT ORANGE FL 32119

TITLE D ☐ DELETE

NAME WEMMER, H.

STREET ADDRESS 825 SUGAR HOUSE DR.

CITY-ST-ZIP PORT ORANGE FL 32119

TITLE D ☐ DELETE

NAME BURNETT, T.

STREET ADDRESS 798 SUGAR HOUSE DR.

CITY-ST-ZIP PORT ORANGE FL 32119

TITLE D ☐ DELETE

NAME ARMSTRONG, N.

STREET ADDRESS 779 SUGAR CANE LANE

CITY-ST-ZIP PORT ORANGE FL 32119

TITLE TS ☐ DELETE

NAME MONROE, J.

STREET ADDRESS 816 INDIGO CT.

CITY-ST-ZIP PORT ORANGE FL 32119

TITLE P ☐ DELETE

NAME SHAFER, CANDIS

STREET ADDRESS 785 SUGAR CANE LANE

CITY-ST-ZIP PORT ORANGE FL 32119

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

John E. Monroe, Jr.

1-30-99

904-788-8696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)