

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742210

1. Entity Name

SUGAR FOREST, PHASE III, HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

816 INDIGO CT.  
PORT ORANGE FL 32119

816 INDIGO CT.  
PORT ORANGE FL 32119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2187438

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANDIS, SHAFER C  
785 SUGAR CANE LN  
PORT ORANGE FL 32119

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
NAME DILLON, AGNES  
STREET ADDRESS 822 SUGAR HOUSE DR.  
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

☐ Change ☐ Addition

S  
NAME GAUGHRAN, KATHLEEN  
STREET ADDRESS 789 SUGAR CANE LN  
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

☐ Change ☐ Addition

D  
NAME WEMMER, H.  
STREET ADDRESS 825 SUGAR HOUSE DR  
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

☐ Change ☐ Addition

D  
NAME WARREN, SAM  
STREET ADDRESS 815 SUGAR HOUSE DR  
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

☐ Change ☐ Addition

D  
NAME MONROE, J.  
STREET ADDRESS 816 INDIGO CT.  
CITY-ST-ZIP PORT ORANGE FL 32119 ☐ Delete

☐ Change ☐ Addition

P  
NAME SHAFER, CANDIS  
STREET ADDRESS 785 SUGAR CANE LANE  
CITY-ST-ZIP PT ORANGE FL 32119 ☐ Delete

☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Jun 04, 2002 8:00 am  
Secretary of State

06-04-2002 90204 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

5/2/02