2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/2

FILED
May 14, 2004 8:00 am
Secretary of State
04-26-2004 91283 026 ****61.25

DOCUMENT # 742210

1. Entity Name

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

66421883

MOORE CR2E037 (11/03)

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
826 Sugar House Dr.	826 Sugar House Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Port Orange, FL	City & State: Port Orange, FL.
Zip: 32129 Country:	Zip: 32129 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: Constance Ellison Street Address (P.O. Box Number is Not Acceptable): 826 Sugar House Dr. City: Port Orange FL Zip Code: 32129

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Constance Ellison 4/22/04
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 Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T DILLON, AGNES 822 SUGAR HOUSE DR. PORT ORANGE FL 32119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Dillon, Agnes 823 Sugar House Dr. Port Orange, FL 32129 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GAUGHRAN, KATHLEEN 789 SUGAR CANE LN PORT ORANGE FL 32119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Ellison, Constance 826 Sugar House Dr Pt. Orange, FL. 32129 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEMMER, H. 825 SUGAR HOUSE DR PORT ORANGE FL 32119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARREN, SAM 815 SUGAR HOUSE DR PORT ORANGE FL 32119 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Warren, Sam 815 Sugar House Dr. Port Orange, FL 32129 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONROE, J. 816 INDIGO CT. PORT ORANGE FL 32119 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SHAFER, CANDIS 785 SUGAR CANE LANE PT ORANGE FL 32119 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Candis C. Shafer 4/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Constance Ellison