


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90382 034 ****70.00

DOCUMENT # 742210					
1. Entity Name SUGAR FOREST, PHASE III, HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 826 SUGAR HOUSE DRIVE PORT ORANGE, FL 32129		Mailing Address 826 SUGAR HOUSE DRIVE PORT ORANGE, FL 32129			
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 <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ELLISON, CONSTANCE 826 SUGAR HOUSE DRIVE PORT ORANGE, FL 32129			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Constance Ellison</i>		(NOTE: Registered Agent signature required when reinstating)		DATE <i>4-1-05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees <input type="checkbox"/>	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLON, AGNES		NAME	DIANE NORTON	
STREET ADDRESS	823 SUGAR HOUSE DRIVE		STREET ADDRESS	794 Sugar House Dr.	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	Port Orange, FL 32129	
TITLE	S	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUGHRAN, KATHLEEN		NAME	John Lewis	
STREET ADDRESS	789 SUGAR CANE LN		STREET ADDRESS	797 Sugar House Dr.	
CITY-ST-ZIP	PORT ORANGE, FL 32119		CITY-ST-ZIP	Port Orange, FL 32129	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEMMER, H.		NAME	John Monroe	
STREET ADDRESS	825 SUGAR HOUSE DR		STREET ADDRESS	816 Indigo Ct.	
CITY-ST-ZIP	PORT ORANGE, FL 32119		CITY-ST-ZIP	Port Org., FL 32129	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, SAM		NAME		
STREET ADDRESS	815 SUGAR HOUSE DR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32119		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, CONSTANCE		NAME		
STREET ADDRESS	826 SUGAR HOUSE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Constance Ellison</i>		<i>Constance Ellison</i>		DATE <i>4-1-05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	