


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90098 022 ****61.25

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 <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLON, AGNES		NAME	John Monroe	
STREET ADDRESS	823 SUGAR HOUSE DRIVE		STREET ADDRESS	816 Indigo Ct	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	Port Orange, FL 32129	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAUGHRAN, KATHLEEN		NAME	Lynn Monroe	
STREET ADDRESS	789 SUGAR CANE LN		STREET ADDRESS	816 Indigo Ct	
CITY-ST-ZIP	PORT ORANGE, FL 32119		CITY-ST-ZIP	Port Orange, FL 32129	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEMMER, H.		NAME	James Dillon	
STREET ADDRESS	825 SUGAR HOUSE DR		STREET ADDRESS	823 Sugar House Dr	
CITY-ST-ZIP	PORT ORANGE, FL 32119		CITY-ST-ZIP	Port Orange, FL 32129	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORTON, DIANE		NAME	Roseann Temporowski	
STREET ADDRESS	794 SUGAR HOUSE DR		STREET ADDRESS	787 Sugar Cane Lane	
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP	Port Orange, FL 32129	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		
NAME	ELLISON, CONSTANCE		NAME		
STREET ADDRESS	826 SUGAR HOUSE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	LEWIS, JOHN		NAME		
STREET ADDRESS	797 SUGAR HOUSE DR		STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE, FL 32129		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # _____		