

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742210

FILED
Apr 28, 2008
Secretary of State

Entity Name: SUGAR FOREST, PHASE III, HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

826 SUGAR HOUSE DRIVE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

826 SUGAR HOUSE DRIVE
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 59-2187438 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLISON, CONSTANCE
826 SUGAR HOUSE DRIVE
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DILLON, AGNES
Address: 823 SUGAR HOUSE DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: P () Delete
Name: MONROE, JOHN
Address: 816 INDIGO CT
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: WEMMER, H.
Address: 825 SUGAR HOUSE DR
City-St-Zip: PORT ORANGE, FL 32119

Title: S () Delete
Name: MONROE, LYNN
Address: 816 INDIGO CT
City-St-Zip: PORT ORANGE, FL 32129

Title: VP () Delete
Name: ELLISON, CONSTANCE
Address: 826 SUGAR HOUSE DRIVE
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: LEWIS, JOHN
Address: 797 SUGAR HOUSE DR
City-St-Zip: PORT ORANGE, FL 32129

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONSTANCE ELLISON

VP

04/28/2008

Electronic Signature of Signing Officer or Director

_____ Date