

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742210

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

787 SUGAR CANE LANE
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

787 SUGAR CANE LANE
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:

STRONG, DAVID
776 SUGAR CANE LANE
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: STRONG, DAVID
Address: 776 SUGAR CANE LANE
City-St-Zip: PORT ORANGE, FL 32129 US

Title: P () Delete
Name: TOMPOROWSKI, ROSEANNE
Address: 787 SUGAR CANE LANE
City-St-Zip: PORT ORANGE, FL 32129 US

Title: S () Delete
Name: STRONG, CATHY
Address: 776 SUGAR CANE LANE
City-St-Zip: PORT ORANGE, FL 32119 US

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

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
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: DAVID STRONG

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date