

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742853

FILED
Apr 29, 2009
Secretary of State

Entity Name: SUGARTREE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC CT., STE 104
MELBOURNE, FL 32940

New Principal Place of Business:

645 CLASSIC CT.
STE 104
MELBOURNE, FL 32940 US

Current Mailing Address:

SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC CT., STE 104
MELBOURNE, FL 32940

New Mailing Address:

645 CLASSIC CT.
STE 104
MELBOURNE, FL 32940 US

FEI Number: 59-2337542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPACE COAST PROPERTY MANAGEMENT
SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC CT, STE. 104
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

SPACE COAST PROPERTY MANAGEMENT
645 CLASSIC CT,
STE. 104
MELBOURNE, FL 32940 US

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: KEVIN MARRS

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PEASE, HENRY
Address: 1056 SUGAR TREE LANE NORTH
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: BROWN, BRENDA
Address: 4528 SUGARTREE DR E
City-St-Zip: LAKELAND, FL 33813

Title: TSD () Delete
Name: MARRS, KEVIN
Address: 645 CLASSIC CT. STE. 104
City-St-Zip: MELBOURNE, FL 32940

Title: VP () Delete
Name: RIHM, CYNTHIA
Address: 4536 SUGARTREE DR E
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PEASE, HENRY
Address: 1056 SUGAR TREE LANE NORTH
City-St-Zip: LAKELAND, FL 33813 US

Title: VP (X) Change () Addition
Name: GERSTMEIER, GENE
Address: 1029 SUGARTREE LANE N.
City-St-Zip: LAKELAND, FL 33813 US

Title: TS (X) Change () Addition
Name: MARRS, KEVIN
Address: 645 CLASSIC CT. STE. 104
City-St-Zip: MELBOURNE, FL 32940 US

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: KEVIN MARRS

ST

04/29/2009

Electronic Signature of Signing Officer or Director

Date