

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 744415**

1. Entity Name  
SUGARTREE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business  
2345 SUGARTREE AVE  
P.O. BOX 2085  
PENSACOLA, FL 32513 US

Mailing Address  
PO BOX 2085  
PENSACOLA, FL 32513 US



04012008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1309954

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, NEIL A  
2345 SUGARTREE AVE  
PENSACOLA, FL 32503

**DO NOT WRITE  
IN THIS SPACE**

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 Neil A. Clark Neil A. Clark 4/01/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000979499  
04/15/08-80023-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PORTER, KENNETH
STREET ADDRESS	3381 SUGARTREE DRIVE SOUTH
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VP
NAME	HOWARD, JOHN
STREET ADDRESS	2371 SUGARTREE AVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	S
NAME	GILMORE, BERNISE
STREET ADDRESS	3370 SUGARTREE DRIVE SOUTH
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	T
NAME	CLARK, NEIL A
STREET ADDRESS	2345 SUGARTREE AVE
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	AT
NAME	HOLLEY, BONNIE
STREET ADDRESS	2340 INVERNESS DR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	AT
NAME	RALPHS, DAVID
STREET ADDRESS	1900 SCENIC HWY., #4
CITY-ST-ZIP	PENSACOLA, FL 32503

**DO NOT WRITE  
IN THIS SPACE**

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:**

Neil A. Clark

Neil A. Clark

4/01/08

850-437-9676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #