## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 746887**

FILED Mar 16, 2009 Secretary of State

Entity Name: SUGAR HILL PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 775 NE STOKES TERRACE 3810 NE SUGARHILL AVE JENSEN BEACH, FL 349580443 US JENSEN BEACH, FL 34957 US **Current Mailing Address: New Mailing Address:** PO BOX 443 JENSEN BEACH, FL 349580443 US FEI Number: 59-0193820 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HERD-TESSON, JAMIE A 3810 NE SUGARHILL AVE JENSEN BEACH, FL 34957 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HERD-TESSON, JAMIE A Name: Name: 3810 NE SUGARHILL AVE Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 US City-St-Zip: Title: PD ( ) Delete Title: VΡ (X) Change ( ) Addition Name: JETT, RON Name: BARRETT, JAMIE Address: 3500 NE M-CARI LANE Address: 3761 SUGARHILL AVE City-St-Zip: JENSEN BEACH, FL 34957 City-St-Zip: JENSEN BEACH, FL 34957 Title: () Delete Title: PD (X) Change ( ) Addition LEVETT, PAUL JONES, JOHN Name: Name: Address: 875 NE STOKES TERRACE Address: 3661 NE SUGARHILL AVE City-St-Zip: JENSEN BEACH, FL 34957 US City-St-Zip: JENSEN BEACH, FL 34957 US Title: SD ( ) Delete Title: () Change () Addition HANSON, CHARLOTTE Name: Name: Address: PO BOX 815 Address: City-St-Zip: JENSEN BEACH, FL 34957 US City-St-Zip: Title: (X) Delete Title: () Change () Addition JONES, JOHN Name: Name: 3661 NE SUGARHILL AVE Address: Address: City-St-Zip: JENSEN BEACH, FL 34957 US 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: JAMIE HERD-TESSON TD 03/16/2009