

FILE NOW: FILING FEE IS \$61.25

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**Jun 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752176 (8)

1. Corporation Name
THE SUGAR MILL ASSOCIATION, INC.



Principal Place of Business: 100 CLUBHOUSE CIRCLE, NEW SMYRNA BEACH FL 32168

Mailing Address: 100 CLUBHOUSE CIRCLE, NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified: 04/24/1980

4. FEI Number: 59-2057217

6. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: KOSMAS, JAMES M, 111 LIVE OAK STREET, NEW SMYRNA BCH FL

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DOBBINS, FAY	
STREET ADDRESS	100 CLUBHOUSE CIR.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, VIVIAN M	
STREET ADDRESS	100 CLUBHOUSE CIR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Funkey, Jack	
1.3 STREET ADDRESS	100 Clubhouse Circle	
1.4 CITY-ST-ZIP	New Smyrna Beach, FL	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ludden, Lynette	
2.3 STREET ADDRESS	100 Clubhouse Circle	
2.4 CITY-ST-ZIP	New Smyrna Beach, FL	
3.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cooper, Vivian M.	
3.3 STREET ADDRESS	100 Clubhouse Circle	
3.4 CITY-ST-ZIP	New Smyrna Beach, FL 32168	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002559108	
6.3 STREET ADDRESS	-06/15/98--01007--008	
6.4 CITY-ST-ZIP	***61.25	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4-28-98

CR2E037 (10/97)