


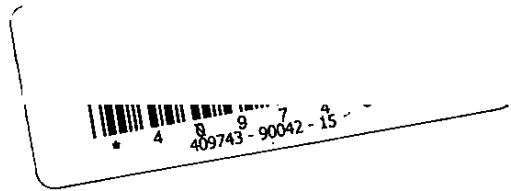
FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90042 015 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 752176</b> 1. Corporation Name <b>THE SUGAR MILL ASSOCIATION, INC.</b>		
Principal Place of Business 100 CLUBHOUSE CIRCLE NEW SMYRNA BEACH FL 32168	Mailing Address 100 CLUBHOUSE CIRCLE NEW SMYRNA BEACH FL 32168	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/24/1980
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2057217
24 Country	29 Country	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KOSMAS, JAMES M 141 LIVE OAK STREET NEW SMYRNA BCH FL	81 Name SID C. PETERSON, JR. 82 Street Address (P.O. Box Number is Not Acceptable) 418 CANAL STREET 83 84 City NEW SMYRNA BEACH FL 85 Zip Code 32168

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: *Sid C. Peterson, Jr.* DATE: 4/21/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUNKEY, JACK	1.2 NAME	MICHAEL CHALFANT
STREET ADDRESS	100 CLUBHOUSE CIRCLE	1.3 STREET ADDRESS	552 BOTTLEBRUSH COURT
CITY-ST-ZIP	NEW SMYRNA BEACH FL	1.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUDDEN, LYNETTE	2.2 NAME	KATHRYN FONDRIE
STREET ADDRESS	100 CLUBHOUSE CIRCLE	2.3 STREET ADDRESS	1042 CLUBHOUSE BLVD.
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, VIVIAN M	3.2 NAME	BERNARD GARCEAU
STREET ADDRESS	100 CLUBHOUSE CIRCLE	3.3 STREET ADDRESS	829 SAWGRASS LANE
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	OV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RUSSELL GRANTHAM
STREET ADDRESS		4.3 STREET ADDRESS	941 CROOKED WOOD COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	R. J. PASQUALE
STREET ADDRESS		5.3 STREET ADDRESS	350 GLENEAGLES
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JAMES ZACHA
STREET ADDRESS		6.3 STREET ADDRESS	399 SWEET BAY AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168

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, with all other like empowered.

SIGNATURE: *Michael Chalfant* DATE: APRIL 15, 1999 (904) 426-5228

CR2E037 (1/1/98)