

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0009637

DOCUMENT # 752176

1. Entity Name

THE SUGAR MILL ASSOCIATION, INC.

03-19-2001 90496 039 ****61.25

Principal Place of Business

Mailing Address

**100 CLUBHOUSE CIRCLE
 NEW SMYRNA BEACH FL 32168
 US**

**100 CLUBHOUSE CIRCLE
 NEW SMYRNA BEACH FL 32168
 US**

731312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2057217

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERSON, JR, SID C
 418 CANAL STREET
 NEW SMYRNA BCH FL 32168**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FAGERLIE, RICHARD	
STREET ADDRESS	908 APOPOWER COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DV	<input type="checkbox"/> Delete
NAME	KNIPPER, JOSEPH	
STREET ADDRESS	1107 LOCH LINNHE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARCEAU, BERNARD	
STREET ADDRESS	829 SAWGRASS LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	GRANTHAM, RUSSELL	
STREET ADDRESS	941 CROOKED WOOD COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GARCEAM, BERNARD	
STREET ADDRESS	829 SAWGRASS LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FONDRE, KATHRYN	
STREET ADDRESS	1042 CLUBHOUSE BLVD	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIPPER, JOSEPH	
STREET ADDRESS	1107 LOCH LINNHE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATTERSON, KEN	
STREET ADDRESS	714 TANTALLON COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCHENRY, MARCIA	
STREET ADDRESS	180 SWEET BAY AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLDERMAN, MARK	
STREET ADDRESS	937 CROOKED WOOD COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERSON, BILL	
STREET ADDRESS	1111 LOCH LOMOND COURT	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWIFT, JAMES	
STREET ADDRESS	257 LIVE OAK LANE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	

12. 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 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: *Joseph Knipper* **PEQUETOSEAN W. KNIPPER** 3/15/01 (386) 426-5228
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)