2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 8:00 am Secretary of State

DOCUMENT # 752176 1. Entity Name THE SUGAR MILL ASSOCIATION, INC.						03-15-20	04 90078	020 ****	*61.25
Principal Place of Business 100 CLUBHOUSE CIRCLE NEW SMYRNA BEACH, FL 32168 US Mailing Address 100 CLUBHOUSE CIRCLE NEW SMYRNA BEACH, FL				US		41110 (2001 11012 10020 01	 Fi 18 11 Filli Ö ifi	- II Bibii Bibii àlei	
2. Principal Place of Business 3. Mai		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01312004	Chg-NP	CR2E03	7 (10/03)	
City & State		City & State	City & State		4. FEI Numbe 59-2057				pplied For ot Applicable
Žip	Country	Žip	Country	y 5. Certificate		of Status Desired		\$8.75 Add Fee Required	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New I	Registered A	\gent	
			N	lame	. •.	- v			
PETERSON, JR, SID C 418 CANAL STREET NEW SMYRNA BCH, FL 32168				street Address	(P.O. Box Numbe	er is Not Acceptab	le)		
	· ·		C	City			FL	Zip Code	9
8. The above the obligat	named entity submits this statement for cions of registered agent.	the purpose of changing	its registered o	office or registe	ered agent, or bot	h, in the State of F	lorida. I am f	amiliar with,	and accept
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SIGNATURE.		ad title if englishing (i	MOTE: Begintered Age	ant signature require	ad when spinoteting)		DATE		
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (I	NOTE: Registered Age	ent signature require	od when reinstating)		DATE		
SIGNATURE .		9. Election	NOTE: Registered Age Campaign Finar ad Contribution.	ncing _	\$5.00 May Bound Added to Fees		DATE Vlake check rida Depari		
SIGNATURE.	Signature, typed or printed name of registered agent a	9. Election of Trust Fur	Campaign Finar	ncing _	\$5.00 May Bo		Make check rida Depari	tment of St	tate -
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1 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.

MARCIA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 386-422-1160 SIGNATURE: Daytime Phone #