


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90051 044 ****61.25

DOCUMENT # 752176

1. Entity Name
THE SUGAR MILL ASSOCIATION, INC.



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

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



01312005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent

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

4. FEI Number
59-2057217

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAFTS, EILEEN 656 ST ANDREWS CIR NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SEATON, ROBERT 1098 CLUBHOUSE BLVD. NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCHENRY, MARCIA 180 SWEET BAY AVENUE NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCEVOY, ROBERT 1007 STAGGERBUSH NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGUORI, ROBERT 382 GLENEAGLES NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HADEN, PAUL 1082 BUTTON BUSH PLACE NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete

11. DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jim Swift 257 Live Oak New Smyrna Bch, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George F. Tyrrell 294 Clubhouse Blvd. New Smyrna Bch, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Julie Breo 916 Clubhouse Blvd. New Smyrna Bch, FL 32168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Edmond F. Chapple 650 Kilmarnock New Smyrna Bch, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption state... 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: *James C. Swift - President* **386 426-5200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X 28**