
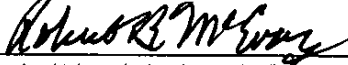
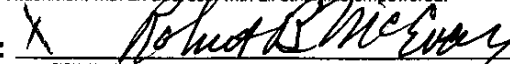


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2006 8:00 am**  
**Secretary of State**

03-31-2006 90014 020 \*\*\*\*61.25

<b>DOCUMENT # 752176</b>					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2057217	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		March 23, 2006		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	V-Pres. / Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWIFT, JIM		NAME	Margaret Ann deLisle	
STREET ADDRESS	257 LIVE OAK		STREET ADDRESS	243 Sweet Bay Ave.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Bch. Fl. 32168	
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEATON, ROBERT		NAME	Julie W. Bree	
STREET ADDRESS	1098 CLUBHOUSE BLVD.		STREET ADDRESS	916 Clubhouse Blvd.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Bch Fla 32168	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCHENRY, MARCIA		NAME	Lynne Souders	
STREET ADDRESS	180 SWEET BAY AVENUE		STREET ADDRESS	220 Canterbury Circle	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Bch, Fla 32168	
TITLE	<del>P</del> President	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCEVOY, ROBERT		NAME	Donald Johnson	
STREET ADDRESS	1007 STAGGERBUSH		STREET ADDRESS	176 Turnberry Circle	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Bch, Fl 32168	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPPLE, EDMOND F		NAME	Kenneth Swanton	
STREET ADDRESS	650 KILMAMOCK		STREET ADDRESS	1110 Loch Lomond CT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Bch, FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYRRELL, GEORGE F		NAME	Margaret (Pat) Bartlett	
STREET ADDRESS	294 CLUBHOUSE BOULEVARD		STREET ADDRESS	824 Sawgrass Lane	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168		CITY-ST-ZIP	New Smyrna Bch Fl 32168	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		March 23, 2006		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		206-426-5200		Daytime Phone #	