


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90050 019 ****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 - No P.O. Box #
 100 Clubhouse Blvd

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

01262007 Chg-NP CR2E037 (12/06)

City & State
 New Smyrna Beach FL

City & State
 other

Zip
 32168

Country
 Volusia

Zip
 Country

4. FEI Number
 59-2057217

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name THURLOW, ROBERT S
 Street Address (P.O. Box Number is Not Acceptable)
 415 Canal St
 City New Smyrna Beach FL Zip Code 32168

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 *Robert S. Thurlow* ROBERT S. THURLOW 2/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	V/S	<input type="checkbox"/> Delete
NAME	DE LISLE, MARGART A	
STREET ADDRESS	243 SWEET BAY AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	T	<input type="checkbox"/> Delete
NAME	BREO, JULIE W	
STREET ADDRESS	916 CLUBHOUSE BLVD.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOUDERS, LYNNE	
STREET ADDRESS	220 CANTERBURY CIRVLE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MCEVOY, ROBERT	
STREET ADDRESS	1007 STAGGERBUSH	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, DONALD	
STREET ADDRESS	176 TURNBERRY CIRCLE	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWANTON, KENNETH	
STREET ADDRESS	1110 LOCK LORMOND CT	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BARTLET, PAT	
STREET ADDRESS	524 Sawgrass Lane	
CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Julie W. Breo* JULIE W. BREO Feb 20, 2007 386-494-1070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #