


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90029 022 \*\*\*\*61.25

**DOCUMENT # 752176**  
 1. Entity Name  
**THE SUGAR MILL ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 100 CLUB HOUSE BLVD 100 CLUB HOUSE BLVD  
 NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 32168  
 US US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)  
 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**  
 THURLOW, ROBERT S  
 415 CANAL ST  
 NEW SMYRNA BEACH FL 32168

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when constituting)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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                       | BARTLETT, PAT             |  |
| STREET ADDRESS             | 824 SAWGRASS LANE         |  |
| 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 checked="" 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. DIRECTORS IN 10 |                           |  |
|---------------------|---------------------------|--|
| TITLE               | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                | Linda Gordon              |  |
| STREET ADDRESS      | 625 St. Andrews Circle    |  |
| CITY-ST-ZIP         | New Smyrna Bch., FL 32168 |  |
| TITLE               | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                | Robert White              |  |
| STREET ADDRESS      | 668 Inverness Ct.         |  |
| CITY-ST-ZIP         | New Smyrna Bch., FL 32168 |  |
| TITLE               | D                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                | Anthony Gentile           |  |
| STREET ADDRESS      | 1162 Clubhouse Blvd.      |  |
| CITY-ST-ZIP         | New Smyrna Bch., 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         |                           |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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* *March 25 2008*