## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#752176**

FILED Feb 04, 2009 Secretary of State

Entity Name: THE SUGAR MILL ASSOCIATION, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	HOUSE BLV RNA BEACH		US				
Current Mailing Address:				New Maili	New Mailing Address:		
	HOUSE BLV RNA BEACH		US				
FEI Number:	: 59-2057217	FEI Numbe	er Applied For()	FEI Number Not Appl	licable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Reg	gistered Agent:	Name and	Address of New Registered Agent:		
415 CANA	V, ROBERT S L ST 'RNA BEACH		US				
	named entity of Florida.	submits this	statement for the p	ourpose of changing i	ts registered office or registered agent, or both,		
SIGNATUR	RE:						
Electronic Signature of Registered Agent			e of Registered Age	ent	Date		
OFFICERS	S AND DIREC	CTORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	DE LISLE, MA 243 SWEET E		32168	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	BREO, JULIE 916 CLUBHOU		32168	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	GENTILE, AND 1162 CLUBHO		32168	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	MCEVOY, RO 1007 STAGGE		32168	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	GORDON, LIN	REWS CIRCLE	32168	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition WILSON, CHARLES 1053 RED MAPLE WAY NEW SMYRNA BEACH, FL 32168		
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE BREO T 02/04/2009