

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753800

FILED
Feb 19, 2009
Secretary of State

Entity Name: SUGARMILL WOODS OAK VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

5478 S. SUNCOAST BLVD
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

5478 S. SUNCOAST BLVD
HOMOSASSA, FL 34446 US

New Mailing Address:

FEI Number: 59-2441360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVANDIS, JOHN J
5478 S SUNCOAST BLVD
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US 19
SUITE 7Q
NEW PORT RICHEY, FL 34446 US

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.

SIGNATURE: MARY A WHITE

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SWOPE, TED
Address: 131 OAK VILLAGE S
City-St-Zip: HOMOSASSA, FL 34446

Title: P () Delete
Name: SMITH, JAMES
Address: 27 LIVINGSTONE DAISY
City-St-Zip: HOMOSASSA, FL 34446

Title: S () Delete
Name: PEREZ, ELADIO
Address: 11 PORTULACA CT
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: GROFF, RAYMOND
Address: 5 POPPY COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: WRIGHT, GEORGE
Address: 10 THUMBERGIA CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: NOVAK, THOMAS
Address: 21 FLORIBUNDA CT
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, JAMES
Address: 5901 US 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VPD (X) Change () Addition
Name: SWOPE, TED
Address: 5901 US 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD (X) Change () Addition
Name: GABE, MAUREEN
Address: 5901 US 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change () Addition
Name: VIRGILIO, RAY
Address: 5901 US 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: SMITH, ALICIA
Address: 5901 US 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: KEEN, DAVID
Address: 5901 US 19 SUITE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MARY A WHITE

CEO

02/19/2009

Electronic Signature of Signing Officer or Director

Date