

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753800

FILED
Mar 09, 2011
Secretary of State

Entity Name: SUGARMILL WOODS OAK VILLAGE ASSOCIATION, INC.

Current Principal Place of Business:

5901 US HIGHWAY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

C/O QUALIFIED PROPERTY MGMT INC
5901 US HWY 19, STE 7Q
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

5901 US HIGHWAY 19, SUITE 7Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

C/O QUALIFIED PROPERTY MGMT INC
5901 US HWY 19, STE 7Q
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-2441360

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.
5901 US 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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 WHITE

03/09/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: SWOPE, TED
Address: 131 OAK VILLAGE S
City-St-Zip: HOMOSASSA, FL 34446

Title: VP
Name: MATOS, GUS
Address: 61 BELLS OF IRELAND CT
City-St-Zip: HOMOSASSA, FL 34446

Title: SD
Name: GABE, MAUREEN
Address: 4 KALANCHOE COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: TD
Name: KEEN, DAVID
Address: 7 PORTULACA SOUT
City-St-Zip: HOMOSASSA, FL 34446

Title: D
Name: STANZIONE, RALPH
Address: 5 BOSTON IVY COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: D
Name: QUINN, DAVID
Address: 19 GOURDS COURT E
City-St-Zip: HOMOSASSA, FL 34446

I hereby 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 all other like empowered.

SIGNATURE: TED SWOPE

PD

03/09/2011

Electronic Signature of Signing Officer or Director

Date