

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 758240**

1. Entity Name  
**SUGAR MILL ONE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**6015 MORROW STREET E, SUITE 107  
 SUITE 107  
 JACKSONVILLE, FL 32217**

Mailing Address

**6015 MORROW STREET E, SUITE 107  
 JACKSONVILLE, FL 32217**



04302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2387146** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BANNING MANAGEMENT INC.  
 6015 MORROW STREET E, SUITE 107  
 JACKSONVILLE, FL 32217**

**DO NOT WRITE  
 IN THIS SPACE**

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 *R Scott Sullivan* **R Scott Sullivan** 4/30/08  
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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

00000349547  
 06/03/08-80032-014 61.25

10. OFFICERS AND DIRECTORS

TITLE **PD**  
 NAME **RICHENS, BRENDA**  
 STREET ADDRESS **3801 CROWN POINT RD 1084**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **VPD**  
 NAME **CELLI, TAMI**  
 STREET ADDRESS **3801 CROWN PNT RD #1064**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE **STD**  
 NAME **BARLOW, ELOISE**  
 STREET ADDRESS **3801 CROWN POINT RD # 1052**  
 CITY-ST-ZIP **JACKSONVILLE, FL 32257**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE  
 IN THIS SPACE**

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: *Brenda Richens PD* **Brenda Richens PD** 4/30/08 904.730.7071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #