

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758241

FILED
Apr 25, 2007
Secretary of State

Entity Name: SUGAR MILL COMMON ASSOCIATION, INC.

Current Principal Place of Business:

6015 MORROW STREET E.
SUITE 107
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 MORROW STREET E.
SUITE 107
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-2386851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: GREEN, GERTRUDE
Address: 3801 CROWN POINT RD. #1223
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: FITZGERALD, THOMMA
Address: 3801 CROWN POINT RD. 3083
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD () Delete
Name: SMALL, ROBERT,
Address: 3801 CROWN POINT RD.
City-St-Zip: JACKSONVILLE, FL

Title: PD (X) Delete
Name: SHIRLEY, HAGEN
Address: 3801 CROWN POINT RD. #2184
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Delete
Name: SLEEPER, MARYBELLE
Address: 3845 MILL POINT DR.
City-St-Zip: JACKSONVILLE, FL 32257

Title: D (X) Delete
Name: RICHENS, BRENDA
Address: 3801 CROWN POINT RD 1084
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAGEN, SHIRLEY
Address: 3801 CROWN POINT RD. #2184
City-St-Zip: JACKSONVILLE, FL 32257

Title: ST (X) Change () Addition
Name: RICHENS, BRENDA
Address: 3801 CROWN POINT RD 1084
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD (X) Change () Addition
Name: CLARK, MICHAEL
Address: 3801 CROWN POINT #2071
City-St-Zip: JACKSONVILLE, FL 32257

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHIRLEY HAGEN

PD

04/25/2007

Electronic Signature of Signing Officer or Director

Date