


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90151 010 \*\*\*\*61.25

<b>DOCUMENT # 761918</b>			
1. Entity Name <b>SUGAR CREEK COMMUNITY CLUB, INC.</b>			
Principal Place of Business <b>10265 ULMERTON RD CLUBHOUSE LARGO FL 33771 US</b>		Mailing Address <b>10265 ULMERTON RD CLUBHOUSE LARGO FL 33771 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40043641



1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2951635</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>KERR, ABBIE 10265 ULMERTON ROAD #93 LARGO FL 33771</b>		7. Name and Address of New Registered Agent Name <b>FRANCES SPOWART</b> Street Address (P.O. Box Number is Not Acceptable) <b>10265 ULMERTON RD #128</b> City <b>LARGO</b> FL <b>33771</b> Zip Code	
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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 *Frances Spowart* DATE 4-5-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DAILEY, LOXI 10265 ULMERTON #250 LARGO FL 33771</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GERTRAUD ELMSTROM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 10265 ULMERTON RD. #165 LARGO FL 33771 PRESIDENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KERR, ABBIE 10265 ULMERTON #93 LARGO FL 33771</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT STEVEN MUGAVERO 10265 ULMERTON RD. #159 LARGO FL 33771</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2V MCLEAN, JAMES 10265 ULMERTON #126 LARGO FL 33771</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY RICHARD COBB 10265 ULMERTON RD. #192 LARGO FL 33771</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS ROMER, TRISH 10265 ULMERTON # 219 LARGO FL 33771</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER FRANCES SPOWART 10265 ULMERTON RD. #128 LARGO FL 33771</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SPOWART, FRANCES <input checked="" type="checkbox"/> Delete 10265 ULMERTON #128 LARGO FL 33771</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frances Spowart - TREASURER* DATE 4-4-05 727-586-4676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR