FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

904-281-2555

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 76572

(7)

SUGAR MILL TWO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address					t 400% 1900 beind Billit 1980 kinge akt bibli bibli bibli bibli bibli bibli bibli			
0015 Morrow St.,e.Ste.211 NACKSONVILLE FL 32217		6015 MORROW ST.,E.STE,211 JACKSONVILLE FL 32217-2137						
						Incorporated or Qualified 1/12/1982	3a. Date of La 02/09/	ast Report 1996
─ 1 '	lace of Business	2a. Mailing Address			4. FEI N	lumber 9-2392998		Applied For
Suite, Apt.	# ato	Suite, Apt. #, etc.			35	7-2332330	***	Not Applicable
22	# ₁ GIG.	27			5. Certif	ficate of Status Desired		75 Additional e Required
City & State	e	City & State				ion Campaign Financing		. 00 May Be
23 Zip	Country	Zip	Cour			Fund Contribution		ded to Fees
24	25	29	30	ili y		corporation has liability for i	intangible tay/und] Yes 🎑 No	Jer s. 199.032,
E4	9. Name and Address of Curre		1001			e and Address of New Re		
				81 Name	1			
BANNING, TERENCE K.				82 Street Address (P.O. Box Number is Not Acceptable)				
6015 MORROW ST.,E.STE.211							··	
JACKSON	WILLE FL 32217		i	63				
			Ţ	84 City			FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617.1508, Florida Sta	tutes, the ab	ove-named	d corporation subr	mits this statement for the p	urnose of chann	ing its registered
office or r	registered agent, or both, in the State on familiar with, and accept the oblig	e of Florida. Such change wa	s authorized	l by the cor	poration's board	of directors. I hereby accep	at the appointmen	nt as registered
SIGNATURE .	•						•	
	Signature, typed or printed name of registered ag			Agent signatur	e required when reinstati		DATE	
12.		ID DIRECTORS DELETE	13.		ADDIT	IONS/CHANGES TO OFFIC	Cha	
TITLE	PD CHALL CORES	L. J DECETE	1.1 TIT		1		السيا	inge LI Auditton
NAME	SMALL, ROBERT		1.2 NA					
STREET ADDRESS	3801 CROWN POINT RD. JACKSONVILLE FL			REET ADDRESS				
CITY-ST-ZIP TITLE	VD	☐ DELETE	2.1 TIT	Y-ST-ZIP	 		[] Cha	nge Addition
NAME	PARHAM, LEE	<u>—</u>	2.2 NA				burnet with	
STREET ADDRESS	3801 CROWN POINT RD.			REET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			TY-ST-ZIP				
TITLE	STD	DELETE	3.1 TIT		510		1 Cha	nge Addition
NAME	HUCAS, JUDY		3.2 NA	ME	CARDS	N MIGIAM ROWN PUNIS		
STREET ADDRESS	3801 CROWN POINT RD.		3.3 \$T	REET ADDRESS	3801 6	ROWN PUNY	RA.	
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CI	TY-\$1-ZIP	JACHS	INVIUE FE		
TITLE		☐ DELETE	4.1 111	LE	1	,	Cha	inge 🔲 Addition
NAME			4. 2 N/	ME	1			
STREET ADDRESS			4.3 ST	REET ADDRESS	Ì			
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	5.1 TIT		1		Cha	inge Addition
NAME			5.2 NA					
STREET ADDRESS			5.3 ST	reet address				
CITY-ST-ZIP		1 pp		Y-ST-ZIP	 		T-1 A.	
TITLE		DELETE	6.1 111				Cha	ange Addition
NAME			6.2 NA					
STREET ADDRESS				REET ADDRESS	Ţ			
PATV OF THE	1		■ € 3 717	IV. CT., 710	4			

14. I do 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 annual report or supplemental annual 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