## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

FILED	
Feb 17 1998 8:00am	]
Secretary of State	

SUGAR MILL TWO CONDOMINIUM ASSOCIATION, INC.													
Principal Place of Business Mailing Address									(BII EIBII 8191	/I <b>U19/I</b> BIE	ill dikti (60)		
6015 MORROW ST.E.STE.211 6015 MORROW ST.E.STE.211 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217								3. Date Incorporated or Qualified  11/12/1982  4. FEI Number  Applied For					
								59-2392998		-	t Applicable		
2. Principal P	lace of Business	2a. 26	2a. Mailing Address 26					5. Certificate of Status Desired	j <b>\$</b>	8.75 A Fee Re	Additional quired		
Suite, Apt	W, etc.	27	Suite, Apt. #, etc.					Election Campaign Financing     Trust Fund Contribution		5.00 N			
	6		City & State					7. Is this nonprofit corporation a home			1?		
23 Zip	Country	28	Zip	Cox	untry			8. This corporation owes or has paid the					
24	25	29		30				Personal Property Tax due June 30.	Ye		] No		
	9. Name and Address	s of Current Regist	ered Agent					10. Name and Address of New Regist	ered Ager	nt			
					81	Name							
	G, TERENCE K.				82	Street	Addres	ss (P.O. Box Number is Not Acceptable)	-				
	DRROW ST.,E.STE.211 INVILLE FL 32217				B3								
Unonec	WILLE I L OLL II				B4	011			Ta:	.1 3:4 Z	2-4-		
						City			FL  85				
11. Pursuant office or r	to the provisions of Section	ons 617.0502 and 6	17.1508, Florida Statut Ia. Such change was i	es, the a	bove	named	corpo	ration submits this statement for the purp n's board of directors. I hereby accept th	ose of cha	nging its	s registered		
agent la	m familiar with, and accept	pt the obligations of	44 ( 17		tutes		pu. 40	7.1	11/98				
SIGNATURE .	Signature, typed or printed name of	R,Sa		$\mathcal{U}$	d A a a	nt a in a at us			11/40				
12.	· · · · · · · · · · · · · · · · · · ·	FICERS AND DIREC		13.	Id Age	nt signature	requirea	ADDITIONS/CHANGES TO OFFICERS		ECTOR	S IN 12		
TITLE	PD		☐ DELETE	1.1 T	ITLE		}			Change	Addition		
NAME	Small, robert			1.2 N	AME		1						
STREET ADDRESS	3801 CROWN POIN	IT RD.		1.3 \$	TREET	ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL			1.4 0	ITY-S	T-ZIP							
TITLE	VD		L] DELETE	2.1 T					البا	Change	Addition		
NAME	PARHAM, LEE	T 00		2.2 N									
STREET ADDRESS	3801 CROWN POIN JACKSONVILLE FL	II KD.				ADDRESS							
CITY-ST-ZIP TITLE	STD-		DELETE	2.4 ( 3.1 T	OTY-S	I - ZIP	C /	W/A		Change	Addition		
NAME	LUCAS, JUDY		(E) beceive	3.1 I			%	OPPEN MARIAN	<u></u>	or serie	الاراالياناء بنت		
STREET ADDRESS	GAARDEN, MIRIAM	-				ADDRESS	30	AROEN, MANIAN B) CROWN POINT R CHISOLVIUS FL 3.	uno,	w 0	041		
CITY-ST-ZIP	JACKSONVILLE FL	<del>-</del>			S-YTK		11	KMSOWIUS FL 3.	2257				
TITLE			☐ DELETE	4.1 T						Change	Addition		
NAME				4.21	NAME								
STREET ADDRESS				4.3 S	TREET	address							
CITY-ST-ZIP				_	ITY-S	r-ZIP							
TITLE			☐ DELETE	5.1 T			1			Change	☐ Addition		
NAME				5.2 N									
STREET ADDRESS						ADDRESS							
CITY+ST+ZIP TITLE			DELETE		ITY - ST	-ZIP				Change	Addition		
NAME			- DECER	6.1 Ti 6.2 N					ш,	or source	AUUIUM		
STREET ADDRESS						ADDRESS							
CITY+ST-ZIP					(TY-SI								
h		<del></del>					•						

14. Thereby certify that the information supplied with this filling 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: