


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

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90077 047 ****61.25

DOCUMENT # 768520			
1. Entity Name SUGARMILL WOODS THIRD FAIRWAY #1, CONDOMINIUM OWNERS ASSOCIATION, INC.			
Principal Place of Business 63-3 DOUGLAS ST HOMOSASSA FL 34446 US		Mailing Address 63-3 DOUGLAS ST HOMOSASSA FL 34446 US	
2. Principal Place of Business 63 DOUGLAS ST		3. Mailing Address 63 DOUGLAS ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOMOSASSA, FL		City & State HOMOSASSA, FL	
Zip 34446	Country U.S.A.	Zip 34446	Country U.S.A.
6. Name and Address of Current Registered Agent OBERMEIER, WILLIAM F SR 63-UNIT 3 DOUGLAS ST HOMOSASSA FL 34446		7. Name and Address of New Registered Agent Name CHARLES B. PLETSCHER Street Address (P.O. Box Number is Not Acceptable) 63 DOUGLAS ST #9 City HOMOSASSA FL Zip Code 34446	
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 CHARLES B. PLETSCHER (X) <i>Charles B Pletscher</i> 1/26/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OBERMEIER, WILLIAM 63 DOUGLAS ST UNIT 3 HOMOSASSA FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHARLES B. PLETSCHER 63 DOUGLAS ST #9 HOMOSASSA FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERMEIER, NANCY <input checked="" type="checkbox"/> Delete 63-3 DOUGLAS STREET HOMOSASSA FL 34446	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAVID AHERN 63 DOUGLAS ST HOMOSASSA FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLETSCHER, CHARLES <input checked="" type="checkbox"/> Delete 63 DOUGLAS STREET, APT 9 HOMOSASSA FL 34446-3840	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DR. ED ROTH 63 DOUGLAS ST HOMOSASSA FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARY PLETSCHER, ROSE <input type="checkbox"/> Delete 63 DOUGLAS ST UNIT 9 HOMOSASSA FL 34446	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: ROSEMARY PLETSCHER <i>Rosemary Pletscher</i> 1/26/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		352-382 0553 Date Daytime Phone #	



1st MOORE CR2E037 (10/04)