

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90126 006 \*\*\*\*61.25

20022321



<b>DOCUMENT # 768520</b> 1. Entity Name SUGARMILL WOODS THIRD FAIRWAY #1, CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 63 DOUGLAS ST HOMOSASSA, FL 34446 US			Mailing Address 63 DOUGLAS ST HOMOSASSA, FL 34446 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3059010	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OBERMEIER, WILLIAM F SR 63 DOUGLAS ST #9 HOMOSASSA, FL 34446				Name <b>AHERN, DAVID M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>63 DOUGLAS ST #11</b> City <b>HOMOSASSA</b> FL Zip Code <b>34446</b>	
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 <i>David M Ahern</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>3/27/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VP+T+D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHERN, DAVID		NAME	63 DOUGLAS ST #11	
STREET ADDRESS	63 DOUGLAS ST		STREET ADDRESS	63 DOUGLAS ST #11	
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTT, ED DR.		NAME	RUTT, ED DR.	
STREET ADDRESS	63 DOUGLAS ST #9		STREET ADDRESS	63 DOUGLAS ST #1	
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLETSCHER, CHARLES		NAME		
STREET ADDRESS	63 DOUGLAS STREET, APT 9		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARY PLETCHER, ROSE		NAME		
STREET ADDRESS	63 DOUGLAS ST UNIT 9		STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NANCY J STEWART		NAME	NANCY J STEWART	
STREET ADDRESS	63 DOUGLAS ST #8		STREET ADDRESS	63 DOUGLAS ST #8	
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY MARTIN		NAME	JERRY MARTIN	
STREET ADDRESS	63 DOUGLAS ST #3		STREET ADDRESS	63 DOUGLAS ST #3	
CITY-ST-ZIP	HOMOSASSA, FL 34446		CITY-ST-ZIP	HOMOSASSA FL 34446	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>David M Ahern VP/T</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/27/06</b> Daytime Phone # <b>352 697 1420</b>		