


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 020 ****61.25

DOCUMENT # 768520 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3059010	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AHERN, DAVID M 63 DOUGLAS ST #9 HOMOSASSA, FL 34446				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	VPTD AHERN, DAVID 63 DOUGLAS ST 11 HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres / Treas <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUH, ED DR 63 DOUGLAS ST 1 HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PLETSCHER, CHARLES 63 DOUGLAS STREET, APT 9 HOMOSASSA, FL 34446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLEMING, WAYNE 63 DOUGLAS ST 6 HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEWART, NANCY J 63 DOUGLAS ST 8 HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, JERRY 63 DOUGLAS ST 3 HOMOSASSA, FL 34446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, HARRY 63 DOUGLAS ST 8 HOMOSASSA, FL 34446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: David M Ahern, DAVID M AHERN			4/22/07		352-382-3980
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

40076231



01072007 Chg-NP CR2E037 (12/06)

ATTACHMENT ⁴⁰⁰⁷⁶²⁵⁷
#768520
Division of Corporations

Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number	768520
Business Entity Name	SUGARMILL WOODS THIRD FAIRWAY #1, CONDOMINIUM OWNERS ASSOCIATION, INC.
FEI Number	593059010
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust	No
Fund Contribution	

Principal Place of Business

Address	63 DOUGLAS ST
Suite, Apt. #, etc.	
City, State	HOMOSASSA, FL
Zip Code & Country	34446 US

Mailing Address

Address	63 DOUGLAS ST
Suite, Apt. #, etc.	
City, State	HOMOSASSA, FL
Zip Code & Country	34446 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)	AHERN, DAVID , M
Address	63 DOUGLAS ST UNIT 11
Suite, Apt. #, etc.	
City, State	HOMOSASSA, FL
Zip Code & Country	34446 US
Registered Agent Signature	

Officer/Director Name and Address

ATTACHMENT 40076257
#768520

Title P/T
Name (Last, First, Middle, Title) AHERN, DAVID
Street Address 63 DOUGLAS ST UNIT 11
City, State HOMOSASSA, FL
Zip Code & Country 34446

Title VP
Name (Last, First, Middle, Title) RUH, ED , DR
Street Address 63 DOUGLAS ST UNIT 1
City, State HOMOSASSA, FL
Zip Code & Country 34446

Title D
Name (Last, First, Middle, Title) FLEMING, WAYNE
Street Address 63 DOUGLAS STREET, UNIT 6
City, State HOMOSASSA, FL
Zip Code & Country 34446

Title S
Name (Last, First, Middle, Title) STEWART, NANCY , J
Street Address 63 DOUGLAS ST UNIT 8
City, State HOMOSASSA, FL
Zip Code & Country 34446

Title D
Name (Last, First, Middle, Title) MARTIN, JERRY
Street Address 63 DOUGLAS ST UNIT 3
City, State HOMOSASSA, FL
Zip Code & Country 34446

Title D
Name (Last, First, Middle, Title) STEWART, HARRY
Street Address 63 DOUGLAS ST UNIT 8
City, State HOMOSASSA, FL
Zip Code & Country 34446

Title P
Officer/Director Signature DAVID M. AHERN

Continue

Start Over