

# **2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 768520

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Entity Name:** SUGARMILL WOODS THIRD FAIRWAY #1, CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

63 DOUGLAS ST  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

63 DOUGLAS ST  
HOMOSASSA, FL 34446 US

**New Mailing Address:**

**FEI Number:** 59-3059010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AHERN, DAVID M  
63 DOUGLAS ST  
UNIT 11  
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

STEWART, NANCY J  
63 DOUGLAS ST  
UNIT 8  
HOMOSASSA, FL 34446 US

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.

SIGNATURE: NANCY J STEWART

05/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RUH, ED DR  
Address: 63 DOUGLAS ST #1  
City-St-Zip: HOMOSASSA, FL 34446

Title: V  
Name: GRUDZEN, JAMES  
Address: 63 DOUGLAS ST #4  
City-St-Zip: HOMOSASSA, FL 34446

Title: T  
Name: BEHRENDT, BARBARA  
Address: 63 DOUGLAS STREET #5  
City-St-Zip: HOMOSASSA, FL 34446

Title: S  
Name: STEWART, NANCY J  
Address: 63 DOUGLAS ST #8  
City-St-Zip: HOMOSASSA, FL 34446

Title: D  
Name: PAUL, TRESE  
Address: 5471 LEGEND HILLS LN  
City-St-Zip: BROOKSVILLE, FL 34609

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NANCY J STEWART

SEC

05/24/2012

Electronic Signature of Signing Officer or Director

Date