


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90215 048 ****61.25

DOCUMENT # 768590

1. Entity Name
SUGAR MILL THREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 6015 MORROW ST E STE 107 JACKSONVILLE, FL 32217 US	Mailing Address 6015 MORROW ST E STE 107 JACKSONVILLE, FL 32217 US
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DO NOT WRITE IN THIS SPACE

04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2357786	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BANNING MANAGEMENT, INC.
 6015 MORROW STREET E, SUITE 107
 JACKSONVILLE, FL 32217**

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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: *Raymond Scott Sullivan* 4/30/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZGERALD, TOMMA 3801 CROWN POINT RD #3083 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SJT Kathy McInnell 3801 Crown Pt Rd Jacksonville, FL 32257
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Tomma Fitzgerald, PD* 4/30/08 904.730.7071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #