2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770436

FILED Apr 29, 2009 Secretary of State

Entity Name: SUGAR DUNES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business	New Principal Place of Business:	
	DO STREET E, FL 32566			
urrent N	lailing Address:	New Mailing Address:		
	DO STREET E, FL 32566			
El Number	: 59-2445701 FEI Number Applied For ()	FEI Number Not Applicable () Certificate	e of Status Desired ()	
ame and	Address of Current Registered Agent:	Name and Address of New Regi	stered Agent:	
	ROTHY DO STREET E, FL 32566 US			
	named entity submits this statement for the $\mathfrak p$ e of Florida.	urpose of changing its registered office or re	gistered agent, or both,	
IGNATUI	RE:			
	Electronic Signature of Registered Age	nt E	ate	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
tle: ame: ldress: ty-St-Zip:	PRES () Delete KENT, JAMES 8424 RIDGEMONT DRIVE PINEVILLE, LA 71360	Title: () Change (Name: Address: City-St-Zip:) Addition	
tle: ame:	V () Delete CORLEY, ROBERT W 3425 BLUERIDGE DR.	Title: VP (X) Change(Name: NELSON, ROSWITHA Address: 1448 TINA DRIVE #211) Addition	
ldress: ty-St-Zip:	PENSACOLA, FL 32504	City-St-Zip: NAVARRE, FL 32566		
dress: y-St-Zip: le: me: dress:	PENSACOLA, FL 32504 ST () Delete TRELSTAD, JOHN 1137 SCHAEFERS PT RD LAKE SHORE, MN 56468	City-St-Zip: NAVARRE, FL 32566 Title: TD (X) Change (Name: TRELSTAD, JOHN Address: 1137 SCHAEFERS PT RD City-St-Zip: LAKE SHORE, MN 56468) Addition	
dress:	ST () Delete TRELSTAD, JOHN 1137 SCHAEFERS PT RD	Title: TD (X) Change(Name: TRELSTAD, JOHN Address: 1137 SCHAEFERS PT RD	,	
dress: cy-St-Zip: le: me: dress: cy-St-Zip: le: me: dress: dress:	ST () Delete TRELSTAD, JOHN 1137 SCHAEFERS PT RD LAKE SHORE, MN 56468 D () Delete WICHTER-NEVILLE, KATHY 1448 TINA DR #113	Title: TD (X) Change (Name: TRELSTAD, JOHN Address: 1137 SCHAEFERS PT RD City-St-Zip: LAKE SHORE, MN 56468 Title: () Change (Name: Address:) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOROTHY SLYE RA 04/29/2009