

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G92729** (4)

1. Corporation Name

SUGAR CREEK RESIDENT OWNERS', INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 10265 ULMERTON LOT 56 LARGO FL 33771 US		Mailing Address 10265 ULMERTON LOT 56 LARGO FL 34641 US		3. Date Incorporated or Qualified 03/23/1984	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2770678	
21		26		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		10. Name and Address of New Registered Agent	
Zip		Zip		81 Name	
24		29		82 Street Address (P.O. Box Number is Not Acceptable)	
Country		Country		83	
25		30		84 City	
g. Name and Address of Current Registered Agent		9. Name and Address of Current Registered Agent		85 Zip Code	
ALLEN, JOHN T. JR. 4508 CENTRAL AVENUE ST. PETERSBURG FL 33711				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKER, ROBERT	1.2 NAME	
STREET ADDRESS	10265 ULMERTON RD., #90	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNN, BETTY	2.2 NAME	
STREET ADDRESS	10265 ULMERTON RD LOT 56	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE, GEORGE E	3.2 NAME	
STREET ADDRESS	10265 ULMERTON ROAD, #29	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FILLON, JANE	4.2 NAME	
STREET ADDRESS	10265 ULMERTON RD LOT 98	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, NATIE	5.2 NAME	ANNA COATES
STREET ADDRESS	10265 ULMERTON RD., #202	5.3 STREET ADDRESS	10265 ULMERTON RD, LOT 244
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	LARGO, FL 33771
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Betty Dunn REQUIRED

1-8-98

813-585-5463

CR2E034 (10/97)