

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90200 046 \*\*\*\*\*61.25

0013834

**DOCUMENT # NO1000006985**

1. Entity Name

**WOODLANDS AT SUGARMILL HOMEOWNERS ASSOCIATION, I  
NC.**



Principal Place of Business

**707 EAST COLONIAL DR.  
ORLANDO FL 32803-4663**

Mailing Address

**707 EAST COLONIAL DR.  
ORLANDO FL 32803-4663**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3748121**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEWMAN, CHARLES E  
707 EAST COLONIAL DR.  
ORLANDO FL 32803-4663**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	<b>SHLD</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, C JR</b>	
STREET ADDRESS	<b>2079 SUE HARBOR COVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>SHLD</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, CHERYL D</b>	
STREET ADDRESS	<b>2079 SUE HARBOR COVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>SHLD</b>	<input type="checkbox"/> Delete
NAME	<b>NEWMAN, CHARLE E</b>	
STREET ADDRESS	<b>2079 SUE HARBOR COVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE	<b>SHLD</b>	<input type="checkbox"/> Delete
NAME	<b>CREIGHTON, JENNIFER L</b>	
STREET ADDRESS	<b>3711-130TH AVE NE</b>	
CITY-ST-ZIP	<b>BELLEVUE WA 98005</b>	
TITLE	<b>SHLD</b>	<input type="checkbox"/> Delete
NAME	<b>REESER, MORGAN</b>	
STREET ADDRESS	<b>360 WYMORE RD</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>JOHN McKEATING</b>	<input type="checkbox"/> Delete
NAME	<b>135 PRESTWICK CIRCLE</b>	
STREET ADDRESS	<b>VERO BEACH, FL 32967</b>	
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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:

*Charles E Newman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

407-228-0700

CR2037 (10/02)