

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01742

1. Entity Name  
SUGAR TREE I PROPERTY OWNERS' ASSOCIATION,  
INC.



**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
1325 NORTHWOOD BLVD  
COLONY POINT MOBILE HOME PARK  
SEBRING, FL 33870

Mailing Address  
1325 NORTHWOOD BLVD  
COLONY POINT MOBILE HOME PARK  
SEBRING, FL 33870



07112008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2480892

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MEZER, STEVEN H  
C/O BUSH, ROSS, ET AL  
220 SO. FRANKLIN STREET  
TAMPA, FL 33602

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME GARNER, CHARLES R.  
STREET ADDRESS 7012 WOOSTER PIKE  
CITY-ST-ZIP CINCINNATI, OH 45227

TITLE VD  
NAME GARNER, JAMES E.  
STREET ADDRESS 7575 WOOSTER PIKE  
CITY-ST-ZIP CINCINNATI, OH 45227

TITLE STD  
NAME GARNER, MARY LOU  
STREET ADDRESS 7012 WOOSTER PIKE  
CITY-ST-ZIP CINCINNATI, OH 45227

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000955061  
07/16/08-80001-013 70.00

**DO NOT WRITE  
IN THIS SPACE**

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: Charles R. Garner Charles R. Garner 7-11-08 583-207-9977  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #