

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000005384	
1. Entity Name THE SUGARFOOT COMMUNITY IMPROVEMENT ASSOCIATION, INC.	
Principal Place of Business P.O. BOX 90055 GAINESVILLE, FL 32607	Mailing Address P.O. BOX 90055 GAINESVILLE, FL 32607



DO NOT WRITE IN THIS SPACE

03072005 No Chg-NP CR2E037 (10/03)

4. FEI Number
76-0729393

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITING, JENNIFER
3909 SW 1 AVE
GAINESVILLE, FL 32607**

**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 May 1, 2005**

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	T STERNS, PATRICIA 3848 SW 1ST AVE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REISKIND, JONATHAN P.O. BOX 90055 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, SUSAN P.O. BOX 90055 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/25/05-80038-004 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Jennifer Whiting

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

352
372 4321 Ex 3550

Daytime Phone #