

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 27, 2006
Secretary of State

DOCUMENT# N02000007791

Entity Name: SUGARLOAF MEADOW HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**6018 SHORELINE DRIVE
ORLANDO, FL 32819**New Principal Place of Business:**908 BRISTLE CONE STREET
MINNEOLA,, FL 34715**Current Mailing Address:**6018 SHORELINE DRIVE
ORLANDO, FL 32819**New Mailing Address:**908 BRISTLE CONE STREET
MINNEOLA, FL 34715**FEI Number:** 20-0201812**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MAHMOUD, OSAMA H
6018 SHORELINE DRIVE
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**JONES, BRET
700 ALMOND STREET
CLERMONT, FL 34711 US

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.

SIGNATURE: BRET JONES

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TPD () Delete
Name: HEGAZY, HUSSIEN
Address: 6018 SHORELINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: VP () Delete
Name: SAMR, RAMADAN
Address: 6018 SHORELINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: MAHMOUD, OSAMA H
Address: 6018 SHORELINE DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KRAWCHUK, ADAM
Address: 908 BRISTLE CONE STREET
City-St-Zip: MINNEOLA, FL 34715

Title: VPD (X) Change () Addition
Name: ALI, ASGAR
Address: 20138 SWEETWOOD LN
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Change () Addition
Name: KRAWCHUK, KAREN
Address: 908 BRISTLE CONE STREET
City-St-Zip: MINNEOLA, FL 34715

Title: TD () Change (X) Addition
Name: GREETHER, LISA
Address: 20121 SWEETWOOD LANE
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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: ADAM KRAWCHUK

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date