


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02362</b>	
1. Entity Name SUGAR MILL FOUR CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 6015 MORROW ST E STE 107 JACKSONVILLE, FL 32217	Mailing Address 6015 MORROW ST E STE 107 JACKSONVILLE, FL 32217
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04302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2408769	Applied For Not Applicable
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Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANNING MGMT., INC.  
 6015 S MORROW ST  
 STE 107  
 JACKSONVILLE, FL 32217

**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: *R Scott Sullivan* DATE: *4/30/08*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000949543  
 06/03/08-80032-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KIRCH, ROBIN 1790 JACKSON COURT FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LASKY, ROBERT 3801 CROWN POINT ROAD 2212 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAGEN, SHIRLEY 12665 STEEPLECHASE LANE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Hagen Shirley PD* DATE: *4/30/08* DAYTIME PHONE #: *904.730.7071*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR