

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004164

FILED  
Feb 14, 2008  
Secretary of State

**Entity Name:** SUGARFOOT OAKS/CEDAR RIDGE PRESERVATION AND ENHANCEMENT DISTRICT, INC.

**Current Principal Place of Business:**

218 SE 24TH STREET  
GAINESVILLE, FL 32641

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 90125  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, CHAUNCEY  
1320 SW 61 TERRACE  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CANTON, JOAN  
Address: 6125 SW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: V ( ) Delete  
Name: MCBROOM, SADIE  
Address: PO BOX 14021  
City-St-Zip: GAINESVILLE, FL

Title: S ( ) Delete  
Name: ADAMS, CAROLYN  
Address: PO BOX 14272  
City-St-Zip: GAINESVILLE, FL 32617

Title: T ( ) Delete  
Name: CLARK, CHAUNCEY  
Address: 1320 SW 61 TERRACE  
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete  
Name: CANTRELL, CYNTHIA  
Address: 1100 SW 62ND TERR. APT. D  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SHAIL K. RAMCHARAN

PM

02/14/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date