# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 27, 2009**
**Secretary of State**

DOCUMENT# N05000004164

**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:**

218 SE 24TH STREET
GAINESVILLE, FL 32641

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

**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 P.M. 03/27/2009

Electronic Signature of Signing Officer or Director — Date