2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006436

FILED Jan 11, 2006 Secretary of State

Entity Name: SUGARLOAF PALMS ESTATES HOMEOWNERS' ASSOCIATION, INC.

Surrent P	Principal Place	of Business:	New Prince	ipal Place	of Business:
16780 OLI	D STATE RD 4.	A		-	
JUGARLU	DAF KEY, FL 3	JU42			
Surrent M	/lailing Addres	s:	New Maili	ng Addres:	s:
	D STATE RD 4. DAF KEY, FL 3				
El Number	r: 20-3122019	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired (
Name and	d Address of C	Surrent Registered Agent:	Name and	Address o	f New Registered Agent:
8803 OVÉ	JOHN R III RSEAS HWY ON, FL 33050	US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	d office or registered agent, or b
n the State	e of Florida.	submits this statement for the p	ourpose of changing i	ts registere	d office or registered agent, or b
n the State	e of Florida. RE:	submits this statement for the particles of Registered Age		ts registered	d office or registered agent, or b
n the State	e of Florida. RE:	ic Signature of Registered Age	ent		
n the State SIGNATUI DFFICER: ittle: lame: .ddress:	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Age TORS: Delete E ATE RD 4A	ent		Date
of the State CIGNATUI DFFICER Cittle: ame: ddress: ity-St-Zip: ittle: ame:	e of Florida. RE: Electron S AND DIREC DP () BLADES, JACK 16780 OLD ST/ SUGARLOAF K DS () BLADES, MICH	ic Signature of Registered Age TORS: Delete E ATE RD 4A EY, FL 33042 Delete ELLE E	ADDITION Title: Name: Address: City-St-Zip: Title: Name:	DS BLADES, MI	Date ES TO OFFICERS AND DIRECT () Change () Addition (X) Change () Addition ICHELLE
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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: MICHELLE BLADES SECT 01/11/2006