


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90031 040 \*\*\*\*61.25

<b>DOCUMENT # N05000006436</b>					
1. Entity Name <b>SUGARLOAF PALMS ESTATES HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>16780 OLD STATE RD 4A SUGARLOAF KEY, FL 33042</b>			Mailing Address <b>16780 OLD STATE RD 4A SUGARLOAF KEY, FL 33042</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-3122019</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALLISON, JOHN R III 6803 OVERSEAS HWY MARATHON, FL 33050</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLADES, JACK E</b>		NAME		
STREET ADDRESS	<b>16780 OLD STATE RD 4A</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SUGARLOAF KEY, FL 33042</b>		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLADES, MICHELLE</b>		NAME	<b>D/S/T BLADES, MICHELLE</b>	
STREET ADDRESS	<b>16780 OLD STATE RD 4A</b>		STREET ADDRESS	<b>16780 OLD STATE ROAD 4A</b>	
CITY-ST-ZIP	<b>SUGARLOAF KEY, FL 33042</b>		CITY-ST-ZIP	<b>SUGARLOAF KEY, FL 33042</b>	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HASSAN, CHARLES R JR</b>		NAME	<b>D/V SAL IANOMARINO</b>	
STREET ADDRESS	<b>2450 E ALAMEDA AVE #11</b>		STREET ADDRESS	<b>231 TRADEWINDS AVE.</b>	
CITY-ST-ZIP	<b>DENVER, CO 80209</b>		CITY-ST-ZIP	<b>NAPLES, FL 34108</b>	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOYER, JOHN</b>		NAME		
STREET ADDRESS	<b>4400 PGA BLVD SUITE 900</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH GARDENS, FL 33410</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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

*J. Blades*

*D/S/T*

*1/25/07*