

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006436

FILED
Jan 15, 2008
Secretary of State

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

Current Principal Place of Business:

16780 OLD STATE RD 4A
SUGARLOAF KEY, FL 33042

New Principal Place of Business:

Current Mailing Address:

16780 OLD STATE RD 4A
SUGARLOAF KEY, FL 33042

New Mailing Address:

FEI Number: 20-3122019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, JOHN R III
6803 OVERSEAS HWY
MARATHON, FL 33050 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: DP () Delete
Name: BLADES, JACK E
Address: 16780 OLD STATE RD 4A
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: DST () Delete
Name: BLADES, MICHELLE
Address: 16780 OLD STATE RD 4A
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: DV () Delete
Name: SAL, IANDI MARINO
Address: 231 TRADEWINDS AVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DV (X) Change () Addition
Name: IANDIMARINO, SAL
Address: 231 TRADEWINDS AVE
City-St-Zip: NAPLES, FL 34108

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: MICHELLE BLADES

DST

01/15/2008

Electronic Signature of Signing Officer or Director

Date