

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010124

FILED
Jul 17, 2006
Secretary of State

Entity Name: SUGAR SANDS ESTATES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

10065 W. EMERALD COAST PARKWAY WEST
SUITE A-101
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

10065 W. EMERALD COAST PARKWAY WEST
SUITE A-101
DESTIN, FL 32550

New Mailing Address:

FEI Number: 83-0407977 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HOWELL, JR., J.D., WILLIAM S P.A.
1727 S. CO. HWY 393
SANTA ROSA BEACH, FL 32459 US

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: CARTER, JEANNE M
Address: 10065 W. EMERALD COAST PARKWAY WEST
City-St-Zip: DESTIN, FL 32550

Title: DVP () Delete
Name: LECRONE, CRAIG A
Address: 912 BLAIR STREET
City-St-Zip: HOLLIDAYSBURG, PA 16648

Title: DST () Delete
Name: FITZPARTICK, DAN
Address: 10065 W. EMERALD COAST PARKWAY WEST
City-St-Zip: DESTIN, FL 32550

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:

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: JEANNE M. CARTER

DP

07/17/2006

Electronic Signature of Signing Officer or Director

Date