2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007277

FILED Apr 30, 2008 Secretary of State

Entity Name: SUGARLOAF MOUNTAIN TOWN ASSOCIATION, INC. **Current Principal Place of Business:** New Principal Place of Business: 10739 DEERWOOD PARK BLVD SUITE 300 5955 T. G. LEE BLVD JACKSONVILLE, FL 32256 STE 300 ORLANDO, FL 328224457 **Current Mailing Address:** New Mailing Address: 10739 DEERWOOD PARK BLVD SUITE 300 5955 T. G. LEE BLVD STE 300 JACKSONVILLE, FL 32256 ORLANDO, FL 328224457 FEI Number: 20-5452997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GY CORPORATE SERVICES, INC LELAND MANAGEMENT 777 S FLAGLER DR SUITE 500 EAST 5955 T. G. LEE BLVD, STE 300 WEST PALM BEACH, FL 33401 ORLANDO, FL 328224457 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: REBECCA FURLOW 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: MGR (X) Change () Addition SLCD, LLC, PENNY, AL Name: Name: 10739 DEERWOOD PARK BLVD SUITE 300 Address: 10739 DEERWOOD PARK BLVD SUITE 300 Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256 Title: Title: () Change (X) Addition () Delete Name: Name: LYONS, ROBERT Address: Address: 10739 DEERWOOD PARK BLVD SUITE 300 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: () Change (X) Addition Name: BEIS, KRISTINA Name: 10739 DEERWOOD PARK BLVD SUITE 300 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32256

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: AL PENNY D 04/30/2008