


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N09928		
1. Entity Name SUGAR POND MANOR CIVIC ASSOCIATION, INCORPORATED		
Principal Place of Business P.O. BOX 983 LOXAHATCHEE, FL 33470	Mailing Address P.O. BOX 983 LOXAHATCHEE, FL 33470	



03112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2578568	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BLOOM, JANE 13581 COLUMBINE AVE WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaigns Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000121321 04/20/04-80047-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BLOOM, JANE 13581 COLUMBINE AVE WELLINGTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRAMBERGER, PAT 14291 STIRRUP LANE WELLINGTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSGROVE, CECELIA 910 FORESTERIA AVE WELLINGTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jane C Bloom 4/16/04 561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
793-9495