

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13231

FILED
Feb 23, 2009
Secretary of State

Entity Name: SUGAR SANDS RIDGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

7840 S.E. SUGAR SAND CIRCLE
HOBE SOUND, FL 334554787

New Principal Place of Business:

Current Mailing Address:

1111SE FEDERAL HWY
SUITE 100
STUART, FL 34994

New Mailing Address:

1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994

FEI Number: 59-2739309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADVANTAGE PROPERTY MANAGEMENT
1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34997 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: PD () Delete
Name: WHITE, BARBARA
Address: 7841 SE SUGAR SANDS CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD () Delete
Name: HOMMET, CONNIE
Address: 7697 SUGAR SANDS CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: TD () Delete
Name: LINDBERG, BETTY
Address: 7663 SE SUGAR SANDS CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: SD () Delete
Name: FREGEAU, STEPHAN
Address: 7719 SE SUGAR SANDS CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: D () Delete
Name: DIAS, MANUEL
Address: 7635 SE SUGAR SANDS CIR
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: HAMMET, CONNIE
Address: 7697 SUGAR SANDS CIR
City-St-Zip: HOBE SOUND, FL 33455

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

Title: SD (X) Change () Addition
Name: BURK, SUSAN
Address: 7696 SE SUGAR SANDS CIR
City-St-Zip: HOBE SOUND, FL 33455

Title: VPD (X) Change () Addition
Name: DIAS, MANUEL
Address: 7635 SE SUGAR SANDS CIR
City-St-Zip: HOBE SOUND, FL 33455

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: BARBARA WHITE

PRES

02/23/2009

Electronic Signature of Signing Officer or Director

Date