

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90027 010 \*\*\*\*61.25

**DOCUMENT # N16936**

1. Entity Name

WOMEN OF SUGARMILL WOODS, INC.



Principal Place of Business

100 W. CYPRESS BLVD SMW  
HOMOSASSA FL 34446  
US

Mailing Address

100 W. CYPRESS BLVD SMW  
HOMOSASSA FL 34446  
US

2. Principal Place of Business

3. Mailing Address

13 Gourds Ct W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2731538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUESSLER, PAT  
10 CALENDULA COURT WEST  
HOMOSASSA FL 34446

Name

CRANIE L Koellhoffer

Street Address (P.O. Box Number is Not Acceptable)

13 Gourds Ct W

City

HOMOSASSA

FL

Zip Code

34446

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

Cranie L Koellhoffer

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SAMUELSON, JUDY  
STREET ADDRESS 16 AVAILWOOD PATH  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE EVPD ☒ Delete  
NAME LIEBERMAN, JOAN  
STREET ADDRESS 18 LINDOR DR  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE S ☐ Delete  
NAME HYSON, SUZANNE  
STREET ADDRESS 14 DEERWOOD DR  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE TD ☒ Delete  
NAME SCHUESSLER, PAT  
STREET ADDRESS 10 CALENDULA COURT, WEST  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Vice President ☒ Change ☐ Addition  
NAME Betty Welch  
STREET ADDRESS 5 Cypress Run Apt 53C  
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Treasurer ☒ Change ☐ Addition  
NAME Mrs Cranie L Koellhoffer  
STREET ADDRESS 13 Gourds Ct. W  
CITY-ST-ZIP Homosassa, FL 34446-5300

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Cranie L Koellhoffer / CRANIE L. Koellhoffer 3-13-06 352-382-7403