

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16936

FILED
Apr 19, 2007
Secretary of State

Entity Name: WOMEN OF SUGARMILL WOODS, INC.

Current Principal Place of Business:

100 W. CYPRESS BLVD SMW
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

13 GOURDS CT W
HOMOSASSA, FL 34446 US

New Mailing Address:

100 W CYPRESS BLVD SMW
HOMOSASSA, FL 34446 US

FEI Number: 59-2731538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOERLHOFFER, CRANIE L
13 GOURDS CT W
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

O'BRIEN, PATRICIA
18 GOURDS CT W
HOMOSASSA, FL 34446 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: PATRICIA O'BRIEN

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SAMUELSON, JUDY
Address: 16 AVAILWOOD PATH
City-St-Zip: HOMOSASSA, FL 34446

Title: VP () Delete
Name: WELCH, BETTY
Address: 5 CYPRESS RUN APT 53C
City-St-Zip: HOMOSASSA, FL 34446

Title: S () Delete
Name: HYSON, SUZANNE
Address: 14 DEERWOOD DR
City-St-Zip: HOMOSASSA, FL 34446

Title: T () Delete
Name: KOERLHOFFER, CRANIE L
Address: 10 CALENDULA COURT, WEST
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: O'BRIEN, PATRICIA
Address: 18 GOURDS CT W
City-St-Zip: HOMOSASSA, FL 34446

Title: VP (X) Change () Addition
Name: KRUGMAN, PEPPER
Address: 26 FOXGLOVE CT
City-St-Zip: HOMOSASSA, FL 34446

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

Title: T (X) Change () Addition
Name: REEVES, JANET
Address: 75 BEECH ST
City-St-Zip: HOMOSASSA, FL 34446

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: PATRICIA O'BRIEN

PD

04/19/2007

Electronic Signature of Signing Officer or Director

Date