

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16936

FILED
May 19, 2009
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:

100 W CYPRESS BLVD SMW
HOMOSASSA, FL 34446 US

New Mailing Address:

100 W CYPRESS BLVD W
SUGARMILL WOODS
HOMOSASSA, FL 34446 US

FEI Number: 59-2731538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PAAR, FRANCESCA
12 NORFOLK LANE WEST
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: FRANCESCA PAAR

05/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: PARR, FRANCESCA
Address: 12 NORFOLK LANE
City-St-Zip: HOMOSASSA, FL 34446

Title: S () Delete
Name: PARTIN, SANDRA
Address: 111 BYRSONIMA CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RASMUSSEN, JOYCE
Address: 108 BYRSONIMA CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

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

Title: S (X) Change () Addition
Name: BAILEY, JUDITH
Address: 87 CORKWOOD BLVD
City-St-Zip: HOMOSASSA, FL 34446

Title: T (X) Change () Addition
Name: NEACE, JUDITH
Address: 7 BOXLEAF CT
City-St-Zip: HOMOSASSA, FL 34446

Title: MEM. () Change (X) Addition
Name: PARTIN, SANDRA
Address: 111 BYRSONIMA CIRCLE
City-St-Zip: HOMOSASSA, FL 34446

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

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: JUDITH NEACE

TREA

05/19/2009

Electronic Signature of Signing Officer or Director

Date