FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N17535 (8)

1. Corporation Name
SUGAR MILL VI HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1890 S 14TH ST, STE 105 P O BOX 1408 FERNANDINA BCH FL 32034	1890 S 14TH ST, STE 105 P O BOX 1408 FERNANDINA BCH FL 32035-1408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1986
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2784630 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21: 2215 E State Rd 200	2a. Mailing Address 26: P O Box 1408
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: Yulee Florida	City & State 28: Fernandina Beach FL
Zip 24: 32097 Country 25: US	Zip 29: 32035-1408 Country 30: US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

POWELL, TERRELL J.
PROPERTY MANAGEMENT SYSTEMS, INC
1890 S 14TH ST, STE 105
FERNANDINA BCH FL 32034

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2215 E State Rd 200
83
84 City: Yulee FL 85 Zip Code: 32097

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	SLEEPER, MARIBELLE	12 NAME		
STREET ADDRESS	3845 MILLPOINT DR	13 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP		
TITLE	PS	21 TITLE		☐ Change ☐ Addition
NAME	SAAD, AUDREY	22 NAME		
STREET ADDRESS	9847 PADDLEWHEEL DR	23 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP		
TITLE	STD	31 TITLE	STD	☒ Change ☐ Addition
NAME	SCRUGGS, FRANCIS	32 NAME	STUCK, MIKE	
STREET ADDRESS	3854 MILLPOINT DR	33 STREET ADDRESS	3853 Millpoint Drive	
CITY ST ZIP	JACKSONVILLE FL	34 CITY ST ZIP	Jacksonville FL 32257	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Audrey K. Saad, President 3/22/95 904-217-2535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000119