FILE NOW: FILING FEE IS $61.25

FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N17535** **(8)**

1. Corporation Name

SUGAR MILL VI HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2215 EAST STATE ROAD 200 YULEE FL 32097 US	PO BOX 1987 YULEE FL 32041-1987 US

3. Date Incorporated or Qualified: **10/27/1996**
3a. Date of Last Report: **04/12/1996**

2. Principal Place of Business	2a. Mailing Address
21 9847 PADDLEWHEEL DR W	26 6015 MORROW STREET, E
22 Suite, Apt. #, etc. ~~JACKSONVILLE FL~~	27 Suite, Apt. #, etc. SUITE 211
23 City & State JACKSONVILLE, FL	28 City & State JACKSONVILLE FL
24 Zip 32257 25 Country USA	29 Zip 32217 30 Country USA

4. FEI Number: **59-2784630** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

SAAD. AUDREY K.
9847 PADDLEWHEEL DR. W.
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SLEEPER, MARIBELLE		1.2 NAME		
STREET ADDRESS	3845 MILLPOINT DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		1.4 CITY-ST-ZIP		
TITLE	PSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SAAD, AUDREY		2.2 NAME		
STREET ADDRESS	9847 PADDLEWHEEL DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32257		2.4 CITY-ST-ZIP		
TITLE	~~STD~~	☑ DELETE	3.1 TITLE	S/T/O	☐ Change ☑ Addition
NAME	~~STUCK, MIKE~~		3.2 NAME	LONERGAN, MARIA	
~~ET ADDRESS~~	~~3853 MILLPOINT DR~~		3.3 STREET ADDRESS	3843 MILLPOINT DRIVE	
~~T-ZIP~~	~~JACKSONVILLE FL 32257~~		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257	
		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
T ADDRESS			4.2 NAME		
T-ZIP			4.3 STREET ADDRESS		
			4.4 CITY-ST-ZIP		
		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
~ET ADDRESS			5.2 NAME		
ST-ZIP			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
ADDRESS			6.2 NAME		
ZIP			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

o hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rmation 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 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 ears in Block 12 or Block 13 if changed, or on an attachment with an address.

Audrey K. Saad 4/28/97 904-733-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0000402