2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# N17535

Entity Name: SUGAR MILL VI HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9847 PADDLEWHEEL DR. W.
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

6015 MORROW ST E
SUITE 107
JACKSONVILLE, FL 32217 US

Current Mailing Address:

6015 MORROW ST., E.
STE 107
JACKSONVILLE, FL 32217 US

New Mailing Address:

FEI Number: 59-2784630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANNING MANAGEMENT, INC
6015 MORROW ST E
STE 107
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

BANNING MANAGEMENT, INC
6015 MORROW ST E
STE 107
JACKSONVILLE, FL 32217 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: BANNING MANAGEMENT, INC. 04/26/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SLEEPER, MARY BELLE
Address: 3845 MILLPOINT DR
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD ( ) Delete
Name: LONERGAN, MARIA
Address: 3843 MILLPOINT DR.
City-St-Zip: JACKSONVILLE, FL

Title: STD ( ) Delete
Name: WILSON, VAMS
Address: 3815 MUIROINS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARYBELLE SLEEPER PD 04/26/2004
Electronic Signature of Signing Officer or Director Date