2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2008 8:00 am Secretary of State

DOCUMENT # N25492 1. Entity Name SUGAR MILL HOMEOWNERS ASSOCIATION, INC.				7	Secretary of State 02-04-2008 90043 040 ****61.25		
Principal Place of Business 3069 CROSS CREEK CT 4000 SUGAR MILL LN ST CLOUD, FL 34769-1998 US ST CLOUD, FL 34769					77 J. O. B.		
146 MILL CREEK DRIVE		3. Mailing Address			i eilis eileib ilsie isbi eilii e		UE1 81 1381
		Suite, Apt. #, etc.			thg-NP CR	12E037 (12/06)	
ST. CLEUD 76		City & State		4. FEI Number 59-28808	10	No	plied For t Applicable
Zip 34769	1 2	Zip	Country	5. Certificate of S		Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent			
COLLING, LEE JAY ESQ 529 VERSAILLES DR S/103 MAITLAND, FL 32751				Street Address (P.O. Box Number is Not Acceptable)			
			City			Zip Code	
			City			FL Zip Code	· .
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Regulatered Agent signature rec	quired when reinstating)	r: :	DATE	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	Make o	check payable to	
10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	naign Financing ntribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make of Florida Dies TO OFFICERS AN	check payable to department of St NO DIRECTORS IN	ate
TITLE	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANC	Make of Florida D	check payable to epartment of St. NO DIRECTORS IN	ate
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TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR VP WHEELER, JEANNETTE	9. Election Camp Trust Fund Co	ntribution. 11. IIILE NAME STREET ADDRESS CITY-SI-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANC DESIDENT THEELER, JO 146 MICC C ST, CLOUD	Make of Florida D EES TO OFFICERS AN EANNETTO REEK DE FL 34-7	check payable to department of St NO DIRECTORS IN Change	10
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR VP WHEELER, JEANNETTE 146 MILL CREEK DRIVE	9. Election Camp Trust Fund Co	arign Financing Intribution. 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANCES IDENT WEELER, J. 46 MICC C. ST. CLOUD ECRETARO ALLO 3174 SUB 57. CLOUD	Make of Florida D SES TO OFFICERS AN EAUNETTO REEK DE TO 347 IN PHREVI GAR MICCO 7-24	check payable to be partment of St. ND DIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR VP WHEELER, JEANNETTE 146 MILL CREEK DRIVE SAINT CLOUD, FL 34769 D HUMPHREY, ROBERT 3174 SUGAR MILL LANE	9. Election Camp Trust Fund Co ECTORS	anign Financing Intribution. 11. 111. 111LE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TOTALE STREET ADDRESS CITY-ST-ZIP TOTALE STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees ADDITIONS/CHANCE DESIDENT THEELER, JOHN CONTROL ST, CLOUD EXPETARS 3174 SILL ST, CLOUL REA SILRE ACK, MARKE 3177 SILGA	Make of Florida D EES TO OFFICERS AN EAUNETTE REEK DE FL 34-7 MAPPREMI AAR MILLO D 7 L 34 REET ARET ARET	check payable to be partment of St. ND DIRECTORS IN Change Change Change Change Change Change Change	10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCHATUPE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/108 407 892-4294