


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-04-2008 90043 040 ****61.25

DOCUMENT # N25492 1. Entity Name SUGAR MILL HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3069 CROSS CREEK CT ST CLOUD, FL 34769-1998 US			Mailing Address 4000 SUGAR MILL LN ST CLOUD, FL 34769		
2. Principal Place of Business - No P.O. Box # 146 MILL CREEK DRIVE		3. Mailing Address Suite, Apt. #, etc.			
City & State ST. CLOUD FL		City & State			
Zip 34769	Country USA	Zip	Country	4. FEI Number 59-2880810	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COLLING, LEE JAY ESQ 529 VERSAILLES DR S/103 MAITLAND, FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHEELER, JEANNETTE 146 MILL CREEK DRIVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUMPHREY, ROBERT 3174 SUGAR MILL LANE SAINT CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACK, MARGARET 3177 SUGAR MILL LANE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEES, JAMES 247 MILL POND DRIVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNE, RICHARD 143 MILL POND DRIVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIONET, THOMAS 3137 SUGAR MILL LANE SAINT CLOUD, FL 34769	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WHEELER, JEANNETTE 146 MILL CREEK DR. ST. CLOUD FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CAROL HUMPHREY, CAROL 3174 SUGAR MILL LANE ST. CLOUD FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER BACK, MARGARET 3177 SUGAR MILL LANE ST. CLOUD FL 34769	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	KELLY, MARY 3160 SUGAR MILL LANE ST. CLOUD FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHETTER, VALLNER 3137 SUGAR MILL LANE ST. CLOUD FL 34769	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <u>Jeannette Wheeler</u> 3/1/08 407 892-4294 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					