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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33459** (1)

1. Corporation Name

SUGAR CREEK VILLAS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% PHILLIP PARISIAN
3333 26TH AVENUE EAST #1282
BRADENTON FL 34208-9389

% PHILLIP PARISIAN
3333 26TH AVENUE EAST #1282
BRADENTON FL 34208-7201

3. Date Incorporated or Qualified
07/27/1989

3a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 **5899 Whitfield**

26 **5899 Whitfield Ave**

4. FEI Number
65-0145570

Applied For
Not Applicable

22 **Suite 107**

27 **Suite 107**

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 **Sarasota FL**

28 **Sarasota, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 **34243** 25 **USA**

29 **34243** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARISIAN, PHILLIP R
3333 26TH AVE. V18
BRADENTON FL 34208

81 Name **Advanced Management, Inc**
82 Street Address (P.O. Box Number is Not Acceptable)
5899 Whitfield Ave. Suite 107
83
84 City **Sarasota** FL 85 Zip Code **34243**

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

[Signature] Agent

2-19-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PARISIAN, PHILLIP R	
STREET ADDRESS	3333 26TH AVE. E. V18	
CITY - ST - ZIP	BRADENTON FL 34208	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WHITMER, LEWIS	
STREET ADDRESS	3333 26TH AVE E. V34	
CITY - ST - ZIP	BRADENTON FL 34208	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ANDERSON, RICHARD N	
STREET ADDRESS	3333 26TH AVE. E. V3	
CITY - ST - ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VB
2.3 STREET ADDRESS	Bossi, Barbara
2.4 CITY - ST - ZIP	3333 26th Ave E Bradenton, FL 34208
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 unchanged, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0061875**

CR2E037 (9/96)