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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90080 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33494

1. Corporation Name

SUGAR HILL ESTATES OF TAYLOR COUNTY PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

C/O JULIUS COOEY
 P.O. BOX 260
 STEINHATCHEE FL 32359

Mailing Address

C/O JULIUS COOEY
 P.O. BOX 260
 STEINHATCHEE FL 32359

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23

Zip

Country

City & State

27

Zip

Country

3. Date Incorporated or Qualified

08/01/1989

4. FEI Number

59-2987897

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

9. Name and Address of Current Registered Agent

COOEY, JULIUS
 PALM AVENUE
 STEINHATCHEE FL

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
 COOEY, JULIUS
 P.O. BOX 260 N/A JULIUS AVE.
 STEINHATCHEE FL

TITLE ☐ DELETE

DVT
 COOEY, MARY
 P. O. BOX 260 N/A JULIUS AVE.
 STEINHATCHEE FL

TITLE ☐ DELETE

SD
 FOSTER, JAMES
 P.O. BOX 840 N/A 10TH ST & CENTRAL AVE.
 STEINHATCHEE FL

TITLE ☒ DELETE

PD
 POOLE, LARRY
 RT 3 BOX 48 N/A
 ALACHUA FL

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James S. Foster
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

352-498-2317

CR2E037 (11/98)