## FILED 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** Mar 31, 2004 8:00 am DOCUMENT # N33494 **Secretary of State** 1. Entity Name 03-31-2004 90023 021 \*\*\*\*61.25 SUGAR HILL ESTATES OF TAYLOR COUNTY PROPERTY OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address C/O JULIUS COOEY P.O. BOX 260 STEINHATCHEE FL 32359 C/O JULIUS COOEY P.O. BOX 260 STEINHATCHEE FL 32359 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number 59-2987897 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOEY, JULIUS PALM AVENUE Street Address (P.O. Box Number is Not Acceptable) STEINHATCHEE FL the obligations of registered agent.

Applied For

\$8.75 Additional

Fee Required

498-0408

Not Applicable

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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change Addition COOEY, JULIUS NAME NAME PO BOX 280 (1438 PALM ST. NE) STREET ADDRESS STREET ADDRESS STEINHATCHEE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition DOSHER, ALEXIA NAME NAME P.O. BOX 66 STREET ADDRESS STREET ADDRESS STEINHATCHEE FL 32359 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition PAYNE, LARRY NAME NAME **PO BOX 656** STREET ADDRESS STREET ADDRESS STEINHATCHEE FL 32359 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition COOEY, MARY J NAME NAME PO BOX 260 (1438 PALM ST. NE) STREET ADDRESS STREET ADDRESS STEINHATCHEE FL 32359 CITY-ST-7IP CITY-ST-ZIP TITLE 又 Delete TITLE Addition Addition Johnson, ALICE JOHNSON, PAT NAME NAME PO BOX 724 P.O. BOX 724 STREET ADDRESS STREET ADDRESS STEINHATCHEE FL 32359 SteinHATCHEE, FL 32359 City-St-7IP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE KERCE, REGINA L NAME NAME PO BOX 792 STREET ADDRESS STREET ADDRESS POMONA PARK FL 32181 CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer or director of the corporation or the receiver or prustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

3-28-2004

an address, with all other like empowered.

changed, or on an attachment with