

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90143 023 \*\*\*\*61.25

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DOCUMENT # N37880

1. Corporation Name

THE ENCLAVE OF SUGARMILL WOODS PROPERTY OWNER'S  
ASSOCIATION, INC.

Principal Place of Business

96 W CYPRESS BLVD  
HOMOSASSA FL 34446  
US

Mailing Address

PO BOX 1750  
HOMOSASSA SPRINGS FL 34447  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/30/1990

4. FEI Number

65-0286737

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

SCHROCK, JOHN J  
13 ENCLAVE PT S  
HOMOSASSA FL 34446

10. Name and Address of New Registered Agent

81 Name

TED G DUNKER

82 Street Address (P.O. Box Number is Not Acceptable)

30 ENCLAVE PT. S

83

84 City

HOMOSASSA

FL

85 Zip Code

34446

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

TED G DUNKER TREASURER

3-3-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ~~VICE PRES~~ / DIRECTOR ☐ DELETE  
NAME FANELLI, ANTHONY X  
STREET ADDRESS 26 ENCLAVE PT S  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ~~VICE PRES~~ / DIRECTOR ☐ DELETE  
NAME HARRIS, JAMES  
STREET ADDRESS 10 ENCLAVE PT S  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE TD ☒ DELETE  
NAME SCHROCK, JOHN J  
STREET ADDRESS 13 ENCLAVE PT S  
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ~~SECRETARY~~ / DIRECTOR ☐ DELETE  
NAME DUNKER, TED G  
STREET ADDRESS 30 ENCLAVE PT S  
CITY-ST-ZIP HOMOSASSA FL 34446

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 VP / DIRECTOR ☐ Change ☒ Addition  
1.2 NAME RICHARD BECKER  
1.3 STREET ADDRESS 11 ENCLAVE PT. S  
1.4 CITY-ST-ZIP HOMOSASSA, FL 34446

2.1 TITLE PRES / DIRECTOR ☐ Change ☒ Addition  
2.2 NAME E. MORRIS HOWARD  
2.3 STREET ADDRESS 10 NORFOLK LANE WEST  
2.4 CITY-ST-ZIP HOMOSASSA, FL 34446

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED DUNKER TREASURER 3-3-99 352-382-5577

CR2E037 (11/98)