



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90098 019 \*\*\*\*61.25

<b>DOCUMENT # N37880</b> 1. Entity Name <b>THE ENCLAVE OF SUGARMILL WOODS PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>30 ENCLAVE PT SO HOMOSASSA, FL 34446 US</b>			Mailing Address <b>PO BOX 1750 HOMOSASSA SPRINGS, FL 34447 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		03012005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number <b>65-0286737</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DUNKER, TED G 30 ENCLAVE PT SO. HOMOSASSA, FL 34446</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature is required when constituting)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete <b>DUNKER, MARY C 30 ENCLAVE POINT SOUTH HOMOSASSA, FL 34446</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete <b>STEFFEN, PATRICIA 9 ENCLAVE PT SO HOMOSASSA, FL 34446</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> Delete <b>DUNKER, TED G 30 ENCLAVE PT S HOMOSASSA, FL 34446</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>BRENDA, BISHARA 15 ENCLAVE POINT SOUTH HOMOSASSA, FL 34446</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete <b>MARGARET, TRUTY 34 ENCLAVE PE SO HOMOSASSA, FL 34446</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete <b>CURE, SALLY 19 ENCLAVE POINT SOUTH HOMOSASSA, FL 34446</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>ABERLE, ROLAND 31 ENCLAVE POINT SOUTH HOMOSASSA, FL 34446</b>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. 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 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.					
<b>SIGNATURE: <i>[Signature]</i> TREASURER 3/1/05 1-352-382-5577</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					