2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37880

Feb 12, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

30 ENCLAVE PT SO

HOMOSASSA, FL 34446 US

Current Mailing Address: New Mailing Address:

PO BOX 1750

HOMOSASSA SPRINGS, FL 34447 US

FEI Number: 65-0286737 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUNKER, TED G 30 ENCLÁVE PT SO.

HOMOSASSA, FL 34446 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition DUNKER, MARY C ABERELE, ROLAND Name: Name:

30 ENCLAVE POINT SOUTH Address: 31 ENCLAVE POINT SOUTH Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446

Title: DV () Delete Title: DV (X) Change () Addition

ABERLE, E. ROLAND Name: SCALISI, VINCENT Name: Address: 31 ENCLAVE PT. S. Address: 26 ENCLAVE PT. S. City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete Title: () Change () Addition

DUNKER, TED G Name: Name: Address: 30 ENCLAVE PT S Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip:

(X) Change () Addition Title: () Delete Title:

BLOGETT, WARREN Name: BRENDA, BISHARA Name: 15 ENCLAVE POINT SOUTH 21 ENCLAVE POINT SOUTH Address: Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete Title: DS (X) Change () Addition

MARGARET, TRUTY BLODGETT, JAN Name: Name: 34 ENCLAVE PE SO 21 ENCLAVE PE SO Address: Address: City-St-Zip: HOMOSASSA, FL 34446 City-St-Zip: HOMOSASSA, FL 34446

Title: () Delete Title: () Change () Addition

BREWER, WILLIAM Name: Name: Address: 11 ENCLAVE PT. S Address: HOMOSASSA, FL 34446 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. DUNKER Т 02/12/2007