

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90014 035 ****61.25

DOCUMENT # N37880



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

Principal Place of Business Mailing Address
30 ENCLAVE PT SO PO BOX 1750
HOMOSASSA, FL 34446 US HOMOSASSA SPRINGS, FL 34447 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0286737 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNKER, TED G
30 ENCLAVE PT SO.
HOMOSASSA, FL 34446

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ABERELE, ROLAND	
STREET ADDRESS	31 ENCLAVE POINT SOUTH	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SCALISI, VINCENT	
STREET ADDRESS	26 ENCLAVE PT. S.	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNKER, TED G	
STREET ADDRESS	30 ENCLAVE PT S	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOGETT, WARREN	
STREET ADDRESS	21 ENCLAVE POINT SOUTH	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BLODGETT, JAN	
STREET ADDRESS	21 ENCLAVE PE SO	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, WILLIAM	
STREET ADDRESS	11 ENCLAVE PT. S	
CITY-ST-ZIP	HOMOSASSA, FL 34446	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALEXANDER, CARL	
STREET ADDRESS	9 NORFOLK LANE W.	
CITY-ST-ZIP	HOMOSASSA, FL 34446	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: T. Dunker **TREASURER** 1/24/08 352-382-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #