2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N38565

FILED Jan 18, 2007 8:00 am Secretary of State 01-18-2007 90098 013 ****61.25

1. Entity Nam SUGAR S		ARK RESIDENTS A	SSOCIATION, INC.						
1000 S CLINCH BLVD 1000 LOT 51 LOT			Mailing Address 1000 S CLINCH BLVD LOT 51 FROSTPROFF, FL 33843	O S CLINCH BLVD 51					
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc. So			Suite, Apt. #, etc.	iuite, Apt. #, etc.		01102007 Ch	g-NP CR2E0	37 (12/06)	
City & State		City & State	City & State		4. FEI Number 59-3103618	3	Applied For Not Applicable		
Zip		Country	Zip	Country		5. Certificate of Sta	tus Desired	\$8.75 Additional Fee Required	
	6. Name	and Address of Current Re	gistered Agent	Name		7. Name and Addr	ess of New Registered		
LEE COLL 682 MAITL ALTAMON	E NGS, FL 32701		Name Lee Colling + Assoc P.A. Lee Colling Attorne Street Address (P.O. Box Number is Not Acceptable) G29 Versq ille < DR Swite 103						
		•		City M	ai t i	CNA	Fl	Zip Code - 32751	
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 Lee Colling Attorney Signature, typed or printed name of adjistered agent and title if approach (NOTE. Registered Agent signature required when roinstating) DATE									
	_	e is \$61.25 flay 1, 2007	9. Election Campa Trust Fund Con			\$5.00 May Be Added to Fees		k payable to rtment of State	
10.		OFFICERS AND DIREC	CTORS	11.	А	DDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN 10	
TITLE	P		☐ Delete	DITLE				Change Addition	
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·								
STREET MUUNESS	ss 1000 S CLINCH LAKE BLVD, LOT 51 FROSTPROOF, FL 33843			NAME CIBLET ADDRESS					
CITY-ST-ZIP			51	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	V WOOD, J 1000 S. C	ROOF, FL 33843 ACK LINCH LAKE BLVD., LOT	⊠ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	JAM	President as Hosiar os Clina	zh Lake Blub	2 Change ☐ Addition	
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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: K what And	1	14	ןם(
SIGNATURE AND TYPED OR PRINTED NAME OF	NING OFFICER OR DIRECTOR	Date	Daytime Phone #