

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90098 013 ****61.25

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01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3103618

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

7. Name and Address of New Registered Agent
Name Lee Colling - Assoc P.A. Lee Colling Attorney
Street Address (P.O. Box Number is Not Acceptable) 529 Versailles DR Suite 103
City Maitland FL Zip Code 32751

DOCUMENT # N38565
1. Entity Name
SUGAR SANDS PARK RESIDENTS ASSOCIATION, INC.



Principal Place of Business
1000 S CLINCH BLVD
LOT 51
FROSTPROOF, FL 33843 US

Mailing Address
1000 S CLINCH BLVD
LOT 51
FROSTPROOF, FL 33843 US

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

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent
LEE COLLING ATTORNEY
682 MAITLAND AVE
ALTAMONTE SPRINGS, FL 32701

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 DATE 1/13/07
(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	SEELY, ROBERT			NAME			
STREET ADDRESS	1000 S CLINCH LAKE BLVD, LOT 51			STREET ADDRESS			
CITY-ST-ZIP	FROSTPROOF, FL 33843			CITY-ST-ZIP			
TITLE	V	☒ Delete		TITLE	Vice President	☒ Change	☐ Addition
NAME	WOOD, JACK			NAME	JAMES HOSIER		
STREET ADDRESS	1000 S. CLINCH LAKE BLVD., LOT 27			STREET ADDRESS	1000 S Clinch Lake Blvd LOT 52A		
CITY-ST-ZIP	FROSTPROOF, FL 33843			CITY-ST-ZIP	FROSTPROOF FL 33843		
TITLE	S	☒ Delete		TITLE	SECRETARY	☐ Change	☒ Addition
NAME	ORZEHOSKI, MARIANNE			NAME	JANET RUEHLE		
STREET ADDRESS	1000 S CLINCH LAKE BLVD LOT 62			STREET ADDRESS	1000 S Clinch Lake Blvd LOT 47		
CITY-ST-ZIP	FROSTPROOF, FL 33843			CITY-ST-ZIP	FROSTPROOF FL 33843		
TITLE	T	☒ Delete		TITLE	TREASURER	☒ Change	☐ Addition
NAME	THOMAS, BERT			NAME	RAYMOND DEKALB		
STREET ADDRESS	1000 S CLINCH LAKE BLVD., LOT 11			STREET ADDRESS	1000 S Clinch Lake Blvd LOT 54		
CITY-ST-ZIP	FROSTPROOF, FL 33843			CITY-ST-ZIP	FROSTPROOF FL 33843		
TITLE	D	☒ Delete		TITLE	DIRECTOR	☒ Change	☐ Addition
NAME	DEKALB, RAYMOND			NAME	JACK WOODS		
STREET ADDRESS	1000 S. CLINCH LAKE BLVD., LOT 54			STREET ADDRESS	1000 S Clinch Lake Blvd LOT 27		
CITY-ST-ZIP	FROSTPROOF, FL 33843			CITY-ST-ZIP	FROSTPROOF FL 33843		
TITLE	D	☒ Delete		TITLE	DIRECTOR	☐ Change	☒ Addition
NAME	HOCKER, JAMES			NAME	DOUGLAS DEKALB		
STREET ADDRESS	1000 S. CLINCH LAKE BLVD., LOT 52 A			STREET ADDRESS	1000 S Clinch Lake Blvd		
CITY-ST-ZIP	FROSTPROOF, FL 33843			CITY-ST-ZIP	FROSTPROOF FL 33843		

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: [Signature] DATE 1/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR