


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N39115		
1. Entity Name SUGAR PINES HOMEOWNERS' ASSOCIATION, INC.		

Principal Place of Business 7951 SE SUGAR PINES WAY HOBE SOUND, FL 33455 US	Mailing Address 7951 SE SUGAR PINES WAY HOBE SOUND, FL 33455 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

FRITCHI, DENNIS 10631 SE ROSEMARIE COURT HOBE SOUND, FL 33455	
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FILED
08 JUN 30 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05242008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0105695	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRITCHIE, DENNIS 10631 SE ROSEMARIE COURT HOBE SOUND, FL 33455 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700133004327 07/16/08--01016--004 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREDERICK, RAYMOND 10643 SE ROSEMARIE COURT HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Libby Reinert 9976 SE Sugar Pines Way Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUNT, MARY 7904 SE SUGAR PINES WAY HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD Roberta J. Demers 8005 SG SUGAR PINES WAY Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAGANO, MARIO 7921 SE SUGAR PINES WAY HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP Debra G. Robertson 7999 SE SUGAR PINES WAY Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEBACHER, GILES 7940 SE SUGAR PINES WAY HOBE SOUND, FL 33455 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Kay McNew 7903 SG SUGAR PINES WAY Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Roberta J. Demers 6/18/08 772-545-2624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Roberta J. Demers

207/1