

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 15, 2009
Secretary of State

DOCUMENT# N39115

Entity Name: SUGAR PINES HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**7951 SE SUGAR PINES WAY
HOBE SOUND, FL 33455 US**New Principal Place of Business:****Current Mailing Address:**7951 SE SUGAR PINES WAY
HOBE SOUND, FL 33455 US**New Mailing Address:****FEI Number:** 65-0402087**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FRITCHIE, DENNIS
10631 SE ROSEMARIE COURT
HOBE SOUND, FL 33455 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: FRITCHIE, DENNIS
Address: 10631 SE ROSEMARIE COURT
City-St-Zip: HOBE SOUND, FL 33455**Title:** SD () Delete
Name: REINERT, LIBBY
Address: 7976 SE SUGAR PINES WAY
City-St-Zip: HOBE SOUND, FL 33455**Title:** TD () Delete
Name: DEMERS, ROBERTA J
Address: 8005 SE SUGAR PINES WAY
City-St-Zip: HOBE SOUND, FL 33455**Title:** VP () Delete
Name: ROBERTSON, DEBRA G
Address: 7999 SE SUGAR PINES WAY
City-St-Zip: HOBE SOUND, FL 33455**Title:** D () Delete
Name: MCNEW, KAY
Address: 7903 SE SUGAR PINES WAY
City-St-Zip: HOBE SOUND, FL 33455**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SD (X) Change () Addition
Name: DUMAIS, PHYLLIS
Address: 8041 SE SUGAR PINES WAY
City-St-Zip: HOBE SOUND, FL 33455**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTA J DEMERS

TD

06/15/2009

Electronic Signature of Signing Officer or Director_____
Date