

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39924

FILED
Mar 23, 2009
Secretary of State

Entity Name: SUGAR MILL PLANTATION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 US

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

FEI Number: 59-3092598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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: T () Delete
Name: BRENDEL, GWEN
Address: 23 SUGAR MILL LANE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: DVP () Delete
Name: OXHOLM, HUGH
Address: 26 SUGAR MILL LANE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SD () Delete
Name: CIESLA, BARBARA
Address: 15 WILDERNESS RUN
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: DUDLEY, ANN
Address: 4 AUDUBON LANE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: D () Delete
Name: MCDONALD, CARTER
Address: 28 SUGAR MILL LANE
City-St-Zip: FLAGLER BEACH, FL 32136

Title: DP () Delete
Name: SMITH, ANGELA
Address: 7 WILDERNESS RUN
City-St-Zip: FLAGLER BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANGELA SMITH

P

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date