04-20-2005 90304 044 ****61.00
N43039

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY -4 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43039

1. Entity Name
SUGAR MILL PLANTATION AT PEDRICK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1293 SMOKE RISELANE TALLAHASSEE, FL 32317 US	3111-21 MAHAN DR STE 174-M TALLAHASSEE, FL 32308 US

04112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3072659 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIPPIN, MICHAEL D 1293 SMOKE RISE LANE I TALLAHASSEE, FL 32317	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	OT NELSON, KIM 1254 SMOKE RISE LANE TALLAHASSEE, FL 32317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Dollar, Rosey 1297 Smoke Rise Ln Tallahassee, Fl 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PIPPIN, MIKE 1293 SMOKE RISE LANE TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	OT (Name + Info Same)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS OVERSTREET, ALLEN 1219 SMOKE RISE LANE TALLAHASSEE, FL 32317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HUSBAND, TERESA 1235 SMOKE RISE LANE TALLAHASSEE, FL 32317	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV [redacted] O'Connell, Rob 1193 Smoke Rise Lane Tallahassee, Fl 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael D. Pippin Michael D. Pippin 4-18-05 850 922 7425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #