2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# N93000001593

Entity Name: SUGAR CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3937 CREEK WOODS DR
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

3937 CREEK WOODS DR
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-3230443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, CLARK W
3903 CREEK WOODS DR
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

ANDERSON, MICHAEL PRES
3906 CREEK WOODS DR
PLANT CITY, FL 33563 US

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: MICHAEL ANDERSON 05/05/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: ENGEL, THOMAS M
Address: 3937 CREEKWOODS DR
City-St-Zip: PLANT CITY, FL 33563

Title: S ( ) Delete
Name: LANDIS, BRADLY
Address: 3917 CREEKWOODS DR
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: BUXTON, CATHERINE
Address: 3935 CREEKWOODS DR.
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: SANYER, PAT
Address: 3924 CREEKWOODS DR.
City-St-Zip: PLANT CITY, FL 33563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: HUDDY, NORMAN
Address: 3907 CREEKWOODS DR.
City-St-Zip: PLANT CITY, FL 33563

Title: D (X) Change ( ) Addition
Name: MEADOR, BILL
Address: 3905 CREEKWOODS DR.
City-St-Zip: PLANT CITY, FL 33563

I hereby certify that the information supplied with this filing does not qualify for the 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 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: THOMAS M ENGEL T 05/05/2005
Electronic Signature of Signing Officer or Director Date