2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001593

FILED Mar 28, 2007 Secretary of State

Entity Name: SUGAR CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3937 CREEK WOODS DR PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

3937 CREEK WOODS DR PLANT CITY, FL 33563

FEI Number: 59-3230443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

PENGLER, REGINA PRES
3903 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: REGINA PENGLER 03/28/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change (X) Addition

ANDERSON, MICHAEL

3906 CREEK WOODS DR PLANT CITY, FL 33563

() Delete (X) Change () Addition ENGEL, THOMAS M ENGEL, THOMAS M Name: Name: 3937 CREEKWOODS DR Address: 3937 CREEK WOODS DR Address: PLANT CITY, FL 33563 City-St-Zip: City-St-Zip: PLANT CITY, FL 33563 Title: () Delete Title: (X) Change () Addition LANDIS, BRADLY Name: LANDIS, BRADLY Name: Address: 3917 CREEKWOODS DR Address: 3917 CREEK WOODS DR City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: PLANT CITY, FL 33563 Title: () Delete Title: (X) Change () Addition HUDDY, NORMAN MEADOR, BILL Name: Name: 3907 CREEKWOODS DR. 3905 CREEK WOODS DR. Address: Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: PLANT CITY, FL 33563 Title: () Delete Title: (X) Change () Addition Name: MEADOR, BILL Name: BUXTON, CATHERINE 3905 CREEKWOODS DR. 3935 CREEK WOODS DR. Address: Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: PLANT CITY, FL 33563 Title: () Delete Title: () Change (X) Addition HUDDY, NORMAN Name: Name: 3907 CREEKWOODS DR. Address: Address: City-St-Zip: 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 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS M. ENGEL T 03/28/2007

() Delete