

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001593

FILED
Feb 27, 2008
Secretary of State

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 ()

Name and Address of Current Registered Agent:

PENGLER, REGINA PRES
3903 CREEK WOODS DR
PLANT CITY, FL 33563 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: ENGEL, THOMAS M
Address: 3937 CREEK WOODS DR
City-St-Zip: PLANT CITY, FL 33563

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

Title: VP () Delete
Name: MEADOR, BILL
Address: 3905 CREEK WOODS DR.
City-St-Zip: PLANT CITY, FL 33563

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

Title: D () Delete
Name: HUDDY, NORMAN
Address: 3907 CREEKWOODS DR.
City-St-Zip: PLANT CITY, FL 33563

Title: D () Delete
Name: ANDERSON, MICHAEL
Address: 3906 CREEK WOODS 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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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: THOMAS M. ENGEL

T

02/27/2008

Electronic Signature of Signing Officer or Director

Date