2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000001593

Entity Name: SUGAR CREEK HOMEOWNERS ASSOCIATION, INC.

FILED Apr 09, 2003 Secretary of State

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

3937 CREEKWOODS DR 3937 CREEKWOODS DR PLANT CITY, FL 33567 PLANT CITY, FL 33563

Current Mailing Address: New Mailing Address:

3937 CREEKWOODS DR 3937 CREEKWOODS DR PLANT CITY, FL 33567 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:

SMITH, CLARK W
3903 CREEKWOODS DR
PLANT CITY, FL 33567 US
SMITH, CLARK W
3903 CREEKWOODS 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: 04/09/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T () Delete Title: T (X) Change () Addition Name: ENGEL, THOMAS M Name: ENGEL, THOMAS M

Address: 3937 CREEKWOODS DR Address: 3937 CREEKWOODS DR City-St-Zip: PLANT CITY, FL 33567 City-St-Zip: PLANT CITY, FL 33563

Title: S () Delete Title: S (X) Change () Addition

 Name:
 LANDIS, BRADLY
 Name:
 LANDIS, BRADLY

 Address:
 3917 CREEKWOODS DR
 Address:
 3917 CREEKWOODS DR

 City-St-Zip:
 PLANT CITY, FL 33567
 City-St-Zip:
 PLANT CITY, FL 33563

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BUXTON, CATHERINE
 Name:
 BUXTON, CATHERINE

 Address:
 3935 CREEKWOODS DR.
 Address:
 3935 CREEKWOODS DR.

 City-St-Zip:
 PLANT CITY, FL 33567
 City-St-Zip:
 PLANT CITY, FL 33563

Title: D () Delete Title: D (X) Change () Addition
Name: COLEMAN BRENDA Name: SANYER PAT

 Name:
 COLEMAN, BRENDA
 Name:
 SANYER, PAT

 Address:
 3938 CREEKWOODS DR.
 Address:
 3924 CREEKWOODS DR.

 City-St-Zip:
 PLANT CITY, FL 33567
 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 04/09/2003