


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90076 047 ****61.25

DOCUMENT # N94000001631

1. Entity Name
SUNLAND GARDEN HOMEOWNERS, INC.



Principal Place of Business Mailing Address

P O BOX 1473 **3405 AVE S**
FT PIERCE, FL 34947 **FORT PIERCE, FL 34947**

90076



04112007 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INGRAM, CHRISTOPHER
3501 AVE M
FT PIERCE, FL 34947

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)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Filing Fee is \$61.25
Due by May 1, 2007

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VICKERS, JAMES Y MR 3803 AVE J FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, RUBY MRS 4002 AVE K FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRADLEY, BETTY MRS 3405 AVE S FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS INGRAM, CHRIS MR 3501 AVE M FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMMONDS, MARY MRS 1001 NO 37TH ST FT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Christopher L. Ingram* *4/12/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #