

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90027 020 \*\*\*\*61.25

**DOCUMENT # N94000003065**

1. Entity Name  
**SUGARWOOD BEACH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**5399 HWY 30A, PMB 204  
C/O RON WATERS  
SANTA ROSA BEACH, FL 32459 US**

Mailing Address  
**PO BOX 4906  
SANTA ROSA BEACH, FL 32459 US**

40013000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01272008 Chg-NP CR2E037 (12/06)

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-3265060**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WATERS, RON  
5399 HWY 30A, PMB 204  
SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent

Name **WILSON, JACK**  
Street Address (P.O. Box Number is Not Acceptable)

**5399 HWY 30A PMB 204**  
City **SANTA ROSA BEACH FL** Zip Code **32459**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **WATERS, RON MR.**  
STREET ADDRESS **5399 HWY 30A, PMB 204**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **D** ☒ Delete  
NAME **PERKINS, JAN MR.**  
STREET ADDRESS **PO BOX 4935**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **TRE** ☒ Delete  
NAME **GERBERDING, DAN R MR**  
STREET ADDRESS **485 WOOD BEACH DRIVE**  
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE **SEC** ☐ Delete  
NAME **LEE, GERALD S MR.**  
STREET ADDRESS **321B PELICAN CIRCLE**  
CITY-ST-ZIP **SEACREST BEACH, FL 32413**

TITLE **D** ☐ Delete  
NAME **WILSON, JACK**  
STREET ADDRESS **11327 CREST BROOK DRIVE**  
CITY-ST-ZIP **DALLAS, TX 75230**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **JACK WILSON MR**  
STREET ADDRESS **5399 HWY 30A PMB 204**  
CITY-ST-ZIP **SANTA ROSA BCH FL 32459**

TITLE **D** ☐ Change ☒ Addition  
NAME **KAY BRIEF MRS.**  
STREET ADDRESS **242 WOOD BEACH DR.**  
CITY-ST-ZIP **SANTA ROSA BCH FL 32459**

TITLE **D** ☐ Change ☒ Addition  
NAME **BARBARA GUDGEL**  
STREET ADDRESS **200 CEVERA DR**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **TRE** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SEC** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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**

*[Handwritten Signature]*