## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 05, 2000 8:00 am Secretary of State DOCUMENT # N9500005836 05-05-2000 90016 044 \*\*\*\*61.25 SUGAR RIDGE HOME OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address P O BOX 911 3207 37TH TERRACE EAST BRADENTON FL 34264 ONECO FL 34264-0911 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0653312 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARTIN, KEVIN 3207 37TH TERR EAST BRADENTON FL 34208 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 1.21-00 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ĎΡ Delete TITLE Z Change Addition TITLE MARTIN, KEVIN NAME NAME STREET ADDRESS STREET ADDRESS 3207 37TH TERR E CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Addition DVP IFT Change TITLE Delete TITLE PILLAY, RICH NAME NAME Terrace E STREET ADDRESS STREET ADDRESS 3524 30TH LANE E CITY-ST-ZIP CITY-ST-2IP **BRADENTON FL 34208** 21-Change Addition ☑ Delete TITLE TITLE SADLER, BUNNI NAME NAME STREET ADDRESS STREET ADDRESS 3703 31ST ST E CITY-ST-7IP CITY-ST-71P **BRADENTON FL 34208** Z-etiange Z Delete TITLE TITLE Addition neff. Jerry G NAME NAME STREET ADDRESS STREET ADDRESS 3419 31ST ST E CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34208-7250** ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

QUANTE K. DENNIS treas. 4/24/00 (941)741-228

Change

Addition