

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90064 029 ****61.25

DOCUMENT # N97000000873					
1. Entity Name SUGAR RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12 EAST MONUMENT KISSIMMEE, FL 34741			Mailing Address 12 EAST MONUMENT KISSIMMEE, FL 34741		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent D & F MANAGEMENT, LLC DOLLIE BOYD 12 EAST MONUMENT KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
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: <u><i>Dollie Boyd, president</i></u> DATE: <u>1/8/04</u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP	NAME VERMILLION, RICK		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12728 CYNTHIA LANE	CITY-ST-ZIP CLERMONT, FL 34711			STREET ADDRESS	CITY-ST-ZIP
TITLE DSTD	NAME CAVIN, NORM		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12737 CYNTHIA LANE	CITY-ST-ZIP CLEARMONT, FL 34711			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME ADIANO, LOUIS		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 19642 LEATRICE DRIVE	CITY-ST-ZIP CLERMONT, FL 34711			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME GERMANA, CHRIS		<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12707 CYNTHIA LANE	CITY-ST-ZIP CLERMONT, FL 34711			STREET ADDRESS	CITY-ST-ZIP
TITLE PD	NAME Row Mitchell		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12646 Leatrice Drive	CITY-ST-ZIP Clermont, FL 34711			STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME Darlene Morgan		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12718 Cynthia Lane	CITY-ST-ZIP Clermont FL 34711			STREET ADDRESS	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.					
SIGNATURE: <u><i>Row Mitchell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

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01062004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3458369

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**