

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90070 009 \*\*\*\*61.25

<b>DOCUMENT # N97000000873</b> 1. Entity Name <b>SUGAR RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <del>12 EAST MONUMENT</del> <b>3383 West Vine St,</b> <b>KISSIMMEE, FL 34741 Suite 307</b>				Mailing Address <del>12 EAST MONUMENT</del> <b>3383 W. Vine St. Suite 307</b> <b>KISSIMMEE, FL 34741</b>	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3458369</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>D &amp; F MANAGEMENT, LLC</b> <b>DOLLIE BOYD</b> <b>12 EAST MONUMENT</b> <b>KISSIMMEE, FL 34741</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>3383 W. Vine Street</b> <b>Suite 307</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</b>	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>VERMILLION, RICK</b> <b>12728 CYNTHIA LANE</b> <b>CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BSTD <b>CAVIN, NORM</b> <b>12737 CYNTHIA LANE</b> <b>CLEARMONT, FL 34711</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Carlo, Tammy</b> <b>12727 Cynthia Lane</b> <b>Clermont, FL 34711</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <b>ADIANO, LOUIS</b> <b>19642 LEATRICE DRIVE</b> <b>CLERMONT, FL 34711</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MIACHELL, RON</b> <b>12646 LEATRICE DRIVE</b> <b>CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MITCHELL, RON</b> <b>12646 Leatrice Drive</b> <b>Clermont, FL 34711</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MORGAN, DARLENE</b> <b>12718 CYNTHIA LANE</b> <b>CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Morgan, Darlene</b> <b>12718 Cynthia Lane</b> <b>Clermont, FL 34711</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>3/17/05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<b>407-847-0073</b>			<small>Daytime Phone #</small>		