

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N97000000873

FILED
Mar 28, 2008
Secretary of State

Entity Name: SUGAR RIDGE ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3383 WEST VINE ST STE 307
KISSIMMEE, FL 34741

New Principal Place of Business:

1128 EAST DONEGAN AVENUE
KISSIMMEE, FL 34744

Current Mailing Address:

3383 WEST VINE ST STE 307
KISSIMMEE, FL 34741

New Mailing Address:

1128 EAST DONEGAN AVENUE
KISSIMMEE, FL 34744

FEI Number: 59-3458369 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FRAYDER, MORRIS R
CENTRAL ASSOC MANAGEMENT
14125 SERENA LAKE DR
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

FRAYDER, MORRIS R
CENTRAL ASSOC MANAGEMENT
1128 EAST DONEGAN AVENUE
KISSIMMEE, FL 34744 US

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.

SIGNATURE: FRAYDA MORRIS

03/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: VERMILLION, RICK
Address: 12728 CYNTHIA LANE
City-St-Zip: CLERMONT, FL 34711

Title: PD () Delete
Name: MITCHELL, RON
Address: 12646 LEATRICE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: S () Delete
Name: MORGAN, DARLENE
Address: 12718 CYNTHIA LANE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: TIFFANY, CURTIS
Address: 12900 LEATRICE DRIVE
City-St-Zip: CLERMONT, FL 34711

Title: PD (X) Change () Addition
Name: ADIANO, LOUIS
Address: 19642 FLORATINE CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: S (X) Change () Addition
Name: MILLER, MICHAEL
Address: 12800 LEATRICE DRIVE
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS ADIANO

PD

03/28/2008

Electronic Signature of Signing Officer or Director

Date