


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000002939

1. Entity Name
SUTTON WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3032 SUTTONWOODS DR.
 PLANT CITY, FL 33566**

Mailing Address
**P.O. BOX 4107
 PLANT CITY, FL 33567**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3506538

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BARKEY, DAVID D
 3028 SUTTONWOODS DR.
 PLANT CITY, FL 33567**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFIN, BILL 3032 SUTTON WOODS DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARKEY, DAVID 3036 SUTTONWOODS DR. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHILLER, RICHARD 3023 SUTTON WOODS DR PLANT CITY, FL 33566
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/12/07-80010-002 61.25

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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: Richard A. Shiller Richard A. Shiller 1/9/2007 813-486-6122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #