

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 025 ****61.25

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1. Entity Name
OLD SUGAR MILL FARMS OWNERS ASSOCIATION, INC.



Principal Place of Business
**123 E HOWARD STREET
LIVE OAK, FL 32064**

Mailing Address
**123 E HOWARD STREET
LIVE OAK, FL 32064**

60024126



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 6122

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132008 Chg-NP CR2E037 (12/06)

City & State

City & State
LIVE OAK, FL

4. FEI Number
59-3490488

Applied For
Not Applicable

Zip

Country

Zip
32064

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MGMT SPECIALISTS
4400 NW 36TH AVE
GAINESVILLE, FL 32606**

Name
MARTI CARVER

Street Address (P.O. Box Number is Not Acceptable)
13597 94th TRAIL

City
LIVE OAK

FL Zip Code
32060

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

Marti Carver **MARTI CARVER (Sec'y-Treas)**

4-13-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
HILLIARD, BW P
9805 133RD DR
LIVE OAK, FL 32060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S. T
CARVER, MARTI
13597 94th TRAIL
LIVE OAK, FL 32060** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SUGGS, DONALD
13596 96TH TRAIL
LIVE OAK, FL 32060** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARVER, LEROY
13597 94th TRAIL
LIVE OAK, FL 32060** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIEH, MAGEG
PO BOX 1180
LIVE OAK, FL 32064** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BINGEMANN, DORIE
14111 98th ST
LIVE OAK, FL 32060** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP D
BINGEMANN, FREDERICK
14111 98TH ST
LIVE OAK, FL 32060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAMB, SUSAN
9668 135th DR
LIVE OAK, FL 32060** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**NP
BRISBOIS, STEPHEN
14162 98TH ST
LIVE OAK, FL 32060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
QUIPSE, JUAN
13560 94TH TRAIL
LIVE OAK, FL 32060** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Marti Carver **MARTI CARVER**

4-13-08

(386) 688-0332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #