

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**May 21, 2007**  
**Secretary of State**

DOCUMENT# N98000001871

**Entity Name:** SUGARLOAF WOMEN'S LAND TRUST, INC.**Current Principal Place of Business:**19657 DATE PALM DR  
SUMMERLAND KEY, FL 33042**New Principal Place of Business:****Current Mailing Address:**19657 DATE PALM DR  
SUMMERLAND KEY, FL 33042**New Mailing Address:****FEI Number:****FEI Number Applied For ( )****FEI Number Not Applicable (X)****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WATERS, TEZAH  
19657 DATE PALM DRIVE  
SUMMERLAND KEY, FL 33042 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: WATERS, TEZAH  
Address: 19657 DATE PALM DRIVE  
City-St-Zip: SUMMERLAND KEY, FL 33042Title: S ( ) Delete  
Name: WEBER, SARA  
Address: 19657 DATE PALM DRIVE  
City-St-Zip: SUMMERLAND KEY, FL 33042Title: T ( ) Delete  
Name: NETHERTON, GAIL  
Address: 19656 CANAL DRIVE  
City-St-Zip: SUMMERLAND KEY, FL 33042Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: D (X) Change ( ) Addition  
Name: WATERS, SARA  
Address: 19657 DATE PALM DRIVE  
City-St-Zip: SUMMERLAND KEY, FL 33042Title: D (X) Change ( ) Addition  
Name: NETHERTON, GAIL  
Address: 19656 CANAL DRIVE  
City-St-Zip: SUMMERLAND KEY, FL 33042Title: T ( ) Change (X) Addition  
Name: JOLLY, MARGARET L  
Address: 936 CRANE BOULEVARD  
City-St-Zip: SUGARLOAF KEY, FL 33042Title: S ( ) Change (X) Addition  
Name: MONTEGUE, JUDITH  
Address: 19657 DATE PALM DRIVE  
City-St-Zip: SUMMERLAND KEY, FL 33042

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: GAIL NETHERTON

D

05/21/2007

Electronic Signature of Signing Officer or Director

Date