2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008
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 ( )**
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:

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 33042

Title: D (X) Delete
Name: WATERS, SARA
Address: 19657 DATE PALM DRIVE
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: D (X) Delete
Name: NETHERTON, GAIL
Address: 19656 CANAL DRIVE
City-St-Zip: SUMMERLAND KEY, FL 33042

Title: T ( ) Delete
Name: JOLLY, MARGARET L
Address: 936 CRANE BOULEVARD
City-St-Zip: SUGARLOAF KEY, FL 33042

Title: S ( ) Delete
Name: MONTEGUE, JUDITH
Address: 19657 DATE PALM DRIVE
City-St-Zip: SUMMERLAND KEY, FL 33042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: JOLLY, MARGARET L
Address: 18930 ROSALIND ROAD
City-St-Zip: UPPER SUGARLOAF KEY, FL 33042

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MLJOLLY T 06/04/2008

Electronic Signature of Signing Officer or Director — Date