2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008
Secretary of State

DOCUMENT# N98000004903

Entity Name: SUGAR MILL TRAILS EAST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

704 STONEWOOD COURT
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

704 STONEWOOD COURT
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-3394553 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, DAVID A
704 STONEWOOD COURT
NEW SMYRNA BEACH, FL 32168 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: TD ( ) Delete
Name: SMITH, DAVID A
Address: 704 STONEWOOD COURT
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD ( ) Delete
Name: MCFARLANE, SHARI
Address: 730 ALDENWOOD TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD ( ) Delete
Name: CLAIR, BOB
Address: 2683 GINGERWOOD DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: SD ( ) Delete
Name: BLAGDAN, CAROLE J
Address: 731 ALDENWOOD TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD ( ) Delete
Name: WALKER, BOB
Address: 706 ALDENWOOD TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD (X) Delete
Name: PARKER, KEN
Address: 719 ALDENWOOD
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: MCFARLANE, SHARI
Address: 730 ALDENWOOD TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VD (X) Change ( ) Addition
Name: WRIGLEY, J. WILLIAM
Address: 734 ALDENWOOD TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: PD (X) Change ( ) Addition
Name: BLAGDAN, CAROLE J
Address: 731 ALDENWOOD TRAIL
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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

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: DAVID A SMITH TD 02/05/2008

Electronic Signature of Signing Officer or Director — Date