

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90005 023 ****61.25

DOCUMENT # N99000001045. 1. Entity Name SUGARMILL WOODS CRIME WATCH, INC.																																																																																																																																							
Principal Place of Business 108 CYPRESS BLVD W STE B HOMOSASSA, FL 34446			Mailing Address 108 CYPRESS BLVD W STE B HOMOSASSA, FL 34446																																																																																																																																				
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																																				
4. FEI Number 59-3592493			Applied For <input type="checkbox"/> Not Applicable																																																																																																																																				
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																																																																				
6. Name and Address of Current Registered Agent ABBOTT, GLEN C ESQ. 706 N. SUNCOAST BLVD. CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																							
Filing Fee is \$61.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																			
Make check payable to Florida Department of State																																																																																																																																							
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 40%;">FARRELL, DANIEL</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>8 POPLAR COURT N.</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td>HOMOSASSA, FL 34446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td>HAGAMAN, ROBERT</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>13 HIBISCUS COURT</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td>HOMOSASSA, FL 34446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td>JOHNSON, ANDREY</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>12 IMPATIENS COURT</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td>HOMOSASSA, FL 34446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td>JOHNSON, ROGER W</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>12 IMPATIENS COURT</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td>HOMOSASSA, FL 34446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>C</td> <td>BECKER, FRANK</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>23 SWEETGUM COURT N.</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td>HOMOSASSA, FL 34446</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td>CERNY, MICHAEL</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>10 BONNIE COURT S</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td>HOMOSASSA, FL 34446</td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;"></td> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td colspan="2" rowspan="2" style="text-align: center; vertical-align: middle; font-size: 1.2em;">See attached listing</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	FARRELL, DANIEL	<input type="checkbox"/> Delete	STREET ADDRESS		8 POPLAR COURT N.		CITY-STATE-ZIP		HOMOSASSA, FL 34446		TITLE	VP	HAGAMAN, ROBERT	<input type="checkbox"/> Delete	STREET ADDRESS		13 HIBISCUS COURT		CITY-STATE-ZIP		HOMOSASSA, FL 34446		TITLE	S	JOHNSON, ANDREY	<input type="checkbox"/> Delete	STREET ADDRESS		12 IMPATIENS COURT		CITY-STATE-ZIP		HOMOSASSA, FL 34446		TITLE	T	JOHNSON, ROGER W	<input type="checkbox"/> Delete	STREET ADDRESS		12 IMPATIENS COURT		CITY-STATE-ZIP		HOMOSASSA, FL 34446		TITLE	C	BECKER, FRANK	<input type="checkbox"/> Delete	STREET ADDRESS		23 SWEETGUM COURT N.		CITY-STATE-ZIP		HOMOSASSA, FL 34446		TITLE	D	CERNY, MICHAEL	<input type="checkbox"/> Delete	STREET ADDRESS		10 BONNIE COURT S		CITY-STATE-ZIP		HOMOSASSA, FL 34446		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		See attached listing		CITY-STATE-ZIP		TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-STATE-ZIP				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-STATE-ZIP				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-STATE-ZIP				TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS				CITY-STATE-ZIP			
TITLE	P	FARRELL, DANIEL	<input type="checkbox"/> Delete																																																																																																																																				
STREET ADDRESS		8 POPLAR COURT N.																																																																																																																																					
CITY-STATE-ZIP		HOMOSASSA, FL 34446																																																																																																																																					
TITLE	VP	HAGAMAN, ROBERT	<input type="checkbox"/> Delete																																																																																																																																				
STREET ADDRESS		13 HIBISCUS COURT																																																																																																																																					
CITY-STATE-ZIP		HOMOSASSA, FL 34446																																																																																																																																					
TITLE	S	JOHNSON, ANDREY	<input type="checkbox"/> Delete																																																																																																																																				
STREET ADDRESS		12 IMPATIENS COURT																																																																																																																																					
CITY-STATE-ZIP		HOMOSASSA, FL 34446																																																																																																																																					
TITLE	T	JOHNSON, ROGER W	<input type="checkbox"/> Delete																																																																																																																																				
STREET ADDRESS		12 IMPATIENS COURT																																																																																																																																					
CITY-STATE-ZIP		HOMOSASSA, FL 34446																																																																																																																																					
TITLE	C	BECKER, FRANK	<input type="checkbox"/> Delete																																																																																																																																				
STREET ADDRESS		23 SWEETGUM COURT N.																																																																																																																																					
CITY-STATE-ZIP		HOMOSASSA, FL 34446																																																																																																																																					
TITLE	D	CERNY, MICHAEL	<input type="checkbox"/> Delete																																																																																																																																				
STREET ADDRESS		10 BONNIE COURT S																																																																																																																																					
CITY-STATE-ZIP		HOMOSASSA, FL 34446																																																																																																																																					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
STREET ADDRESS		See attached listing																																																																																																																																					
CITY-STATE-ZIP																																																																																																																																							
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
STREET ADDRESS																																																																																																																																							
CITY-STATE-ZIP																																																																																																																																							
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
STREET ADDRESS																																																																																																																																							
CITY-STATE-ZIP																																																																																																																																							
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
STREET ADDRESS																																																																																																																																							
CITY-STATE-ZIP																																																																																																																																							
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																				
STREET ADDRESS																																																																																																																																							
CITY-STATE-ZIP																																																																																																																																							
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 attached document with an address, with all other like empowered.																																																																																																																																							
SIGNATURE: ROGER KESSINGER TREASURER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																							
Date _____					Daytime Phone # 352-382-0999																																																																																																																																		

ATTACHMENT

40095351

Sugarmill Woods Crime Watch, Inc.
109 Cypress Blvd., West, Suite B
Homosassa, Florida 34446

Supplement to 2006 Uniform Business Report (UBR) Doc. #99000001045, Item 10-
Officers and Directors:

Officers & Directors:

President

Dan Ferrill
8 Poplar Court, North
Homosassa, Florida 34446

Vice President

Richard Byrnes
20 Eugenia Court, North
Homosassa, Florida 34446

Secretary

Michele Eisner
22 Portulaca Court
Homosassa, Florida 34446

Treasurer

Roger Kessinger
15 Lupine Street
Homosassa, Florida 34446

Captain

Gerald Brummer
34 Grass Street
Homosassa, Florida 34446

Directors:

Dan Ferrill
8 Poplar Court, North
Homosassa, Florida 34446

George Brand
6 Portulaca Court
Homosassa, Florida 34446

Michael Cerny
10 Bonnie Court, South
Homosassa, Florida 34446

Neil Kline
53 Bells of Ireland Court
Homosassa, Florida 34446

Peter Gaines
22 Fox Green Court
Homosassa, Florida 34446