2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

DOCUMENT# N99000001045

Entity Name: SUGARMILL WOODS CRIME WATCH, INC.

Current Principal Place of Business:

C/O ALFRED R ST JEAN
9 PORTULACA CT S
HOMOSASSA, FL 34446

New Principal Place of Business:

Current Mailing Address:

C/O ALFRED R ST JEAN
9 PORTULACA CT S
HOMOSASSA, FL 34446

New Mailing Address:

FEI Number: 59-3592493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABBOTT, GLEN C ESQ.
706 N. SUNCOAST BLVD.
CRYSTAL RIVER, FL 34429 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: PRES ( ) Delete
Name: BYRNES, RICHARD
Address: 20 EUGENIA CT N
City-St-Zip: HOMOSASSA, FL 34446

Title: VP ( ) Delete
Name: BRUMMER, GERALD
Address: 34 GRASS ST
City-St-Zip: HOMOSASSA, FL 34446

Title: S ( ) Delete
Name: EISNER, MICHELE
Address: 22 PORTULACA CT
City-St-Zip: HOMOSASSA, FL 34446

Title: TREA ( ) Delete
Name: ST JEAN, ALFRED
Address: 9 PORTULACA CT S
City-St-Zip: HOMOSASSA, FL 34446

Title: CAP ( ) Delete
Name: BRUMMER, GERALD
Address: 34 GRASS ST
City-St-Zip: HOMOSASSA, FL 34446

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

Title: CAP (X) Change ( ) Addition
Name: BYRNES, RICHARD
Address: 20 EUGENIA CT N
City-St-Zip: HOMOSASSA, FL 34446

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: ALFRED R ST JEAN TREA 03/21/2009
Electronic Signature of Signing Officer or Director — Date