## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P00000081080

Entity Name: SUCARMILL MOORS COMMUNIT

FILED Feb 27, 2003 Secretary of State

Entity Name: SUGARMILL WOODS COMMUNITIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 96 CYPRESS BLVD W HOMOSASSA, FL 34446 **Current Mailing Address: New Mailing Address:** 226 E JOEL BLVD LEHIGH ACRES, FL 33972 FEI Number: 65-1036588 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NATIELLO, JOHN A 226 E JOEL BLVD LEHIGH ACRES, FL 33972 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PRICE, RONALD A Name: Name: 96 CYPRESS BLVD W Address: Address: HOMOSASSA, FL 34446 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: FAULKNER, CHARLES R Name: ONE CORPORATE DR STE 3A Address: Address: PALM COAST, FL 32137 City-St-Zip: City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: PD DP LIVINGSTON, WILLIAM I LIVINGSTON, WILLIAM I Name: Name: ONE CORPORATE DR. STE 3A ONE CORPORATE DR. STE 3A Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: PALM COAST, FL 32137 Title: ٧S () Delete Title: DVS (X) Change ( ) Addition NATIELLO, JOHN NATIELLO, JOHN Name: Name: Address: 226 E JOEL BLVD Address: 226 E JOEL BLVD City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33972 Title: Title: (X) Change ( ) Addition TAS () Delete TAS

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

HORVATH, MARGARET

LEHIGH ACRES, FL 33972

226 E JOEL BLVD

SIGNATURE: JOHN NATIELLO DVS 02/27/2003

HARVATH, MARGARET

LEHIGH ACRES, FL 33972

226 E JOEL BLVD

Name:

Address: City-St-Zip: