

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721895 (1)
1. Corporation Name
SWEETWATER OAKS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business: 810 FOX VALLEY DR, PO BOX 915589, LONGWOOD FL 32779-2589
Mailing Address: 810 FOX VALLEY DR, PO BOX 915589, LONGWOOD FL 32779-2589

3. Date Incorporated or Qualified: 10/19/1971
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-1389689
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: PIERRE GAUTHIER, ADMINIRAL MGT. INC, 2180 W SR 434, SUITE 5000, LONGWOOD FL 32779
10. Name and Address of New Registered Agent: James Hart, Sentry Mgt. Inc., 2180 W. SR 434, Suite 5000, Longwood, FL 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: [Signature] DATE: 1/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	FAHEY, WILLIAM K. 412 TIMBERCOVE CIRCLE LONGWOOD FL	1.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	CHILTON, WAYNE 705 FOX VALLEY DR. LONGWOOD FL	2.1 TITLE: P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	HAUCK, WALTER 744 RIVERBEND BLVD. LONGWOOD FL	3.1 TITLE: D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	GRANT, JON 807 RIVERBEND BLVD LONGWOOD FL	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS	MCKENNA, BETH 110 PALMETTO COURT LONGWOOD FL	5.1 TITLE: D Joe mazza	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT	DJURIC, JOVO 601 FOX VALLEY DR. LONGWOOD FL	5.2 TITLE: 119 Oak leaf lane	
		5.3 TITLE: Longwood, FL 32779	
		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 TITLE:	
		6.3 TITLE:	
		6.4 TITLE:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: [Signature] DATE: 1/15/96

CR2E037 (12/95)

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DVP ESTES, VICKI
205 Hickory Dr.
Longwood, FL 32779]

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