

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90103 030 ****61.25

DOCUMENT # 721895

1. Entity Name

SWEETWATER OAKS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

810 FOX VALLEY DR
 PO BOX 915589
 LONGWOOD FL 32779-2589

810 FOX VALLEY DR
 PO BOX 915589
 LONGWOOD FL 32779-2510



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2180 W SR 434

2180 W SR 434

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 5000

STE 5000

City & State

City & State

LONGWOOD FL

LONGWOOD FL

4. FEI Number

59-1389689

Applied For

Not Applicable

Zip

Country

32779

US

Zip

Country

32779

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES S
 2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779

Name
 HART, JAMES W JR

Street Address (P.O. Box Number is Not Acceptable)
 SENTRY MANAGEMENT INC

2180 W SR 434 STE 5000

City
 LONGWOOD

FL

Zip Code
 32779

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D Delete
 NAME FAHEY, WILLIAM K.
 STREET ADDRESS 412 TIMBERCOVE CIRCLE
 CITY-ST-ZIP LONGWOOD FL

TITLE D. Change Addition
 NAME Sean Adams
 STREET ADDRESS 508 Smokerise Blvd.
 CITY-ST-ZIP Longwood, FL 32779

TITLE PD Delete
 NAME CHILTON, WAYNE
 STREET ADDRESS 705 FOX VALLEY DR.
 CITY-ST-ZIP LONGWOOD FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DS Delete
 NAME HAUCK, WALTER
 STREET ADDRESS 208 BLUE LAKE DR
 CITY-ST-ZIP LONGWOOD FL

TITLE Director Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DVP Delete
 NAME GRANT, JON
 STREET ADDRESS 807 RIVERBEND BLVD
 CITY-ST-ZIP LONGWOOD FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME ATTERN, PATTI
 STREET ADDRESS 105 CREEKWOOD COURT
 CITY-ST-ZIP LONGWOOD FL

TITLE AHERN Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DT Delete
 NAME DJURIC, JOVO
 STREET ADDRESS 601 FOX VALLEY DR.
 CITY-ST-ZIP LONGWOOD FL

TITLE Treasurer + Secretary Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-00

Date

Daytime Phone #

CR2E037 (9/99)