

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721895

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: SWEETWATER OAKS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 327792589

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 327792589

**New Mailing Address:**

FEI Number: 59-1389689      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 32779 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: VPD ( ) Delete  
Name: FAHEY, WILLIAM  
Address: 1181 WEKIVA SPRINGS RD  
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete  
Name: DAVIS, REGIS  
Address: 103 COVERIDGE LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete  
Name: MARRA, MARY  
Address: 901 RIVERBEND BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete  
Name: DJURIC, JOVO  
Address: 601 FOX VALLEY DR  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: BLUM, MARC  
Address: 133 LAUREL OAK DR.  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: GREGORY, DAVID  
Address: 204 LONESOME PINE DR  
City-St-Zip: LONGWOOD, FL 32779

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: FAHEY, WILLIAM  
Address: 1181 WEKIVA SPRINGS RD  
City-St-Zip: LONGWOOD, FL 32779

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

Title: VPD (X) Change ( ) Addition  
Name: MARRA, MARY  
Address: 901 RIVERBEND BLVD  
City-St-Zip: LONGWOOD, FL 32779

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGIS DAVIS

PD

03/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date