

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721895

FILED
Mar 17, 2006
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: SD () 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: VPD () 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: VPD (X) Change () Addition
Name: FAHEY, WILLIAM
Address: 1181 WEKIVA SPRINGS RD
City-St-Zip: LONGWOOD, FL 32779

Title: SD (X) Change () Addition
Name: SCHULTZ, CAROLYN
Address: 205 HICKORY DR
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Change () Addition
Name: KLEIN, JOHN
Address: 300 SUGARLOAF CT
City-St-Zip: LONGWOOD, FL 32779

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

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

Title: PD (X) Change () Addition
Name: GREGORY, DAVID
Address: 204 LONESOME PINE DR
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID GREGORY

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date