

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:47

DOCUMENT # **L04375** (6)

1. Corporation Name
SWEETWATER HOMES OF CITRUS, INC.

Principal Place of Business Mailing Address
8016 S SUNCOAST BLVD **8016 S SUNCOAST BLVD**
HOMOSASSA FL 32646 **HOMOSASSA FL 32646**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/19/1989** 3a. Date of Last Report **05/12/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2957488	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

CHRISTENSEN, ROBERT R.
60 CYPRESS BLVD WEST
HOMOSASSA FL 32646

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 FL	B6 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature required for current registered agent and his/her successor)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBY, JAMES J.	1.2 NAME	
STREET ADDRESS	1 REBECCA COURT	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, LARRY	2.2 NAME	
STREET ADDRESS	4255 S ALABAMA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL	2.4 CITY - ST - ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNSINK, WAYNE	3.2 NAME	
STREET ADDRESS	14 CHINKAPIN CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, ROBERT	4.2 NAME	
STREET ADDRESS	60 CYPRESS BLVD., WEST	4.3 STREET ADDRESS	
CITY - ST - ZIP	HOMOSASSA FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(b), Florida Statutes. I further certify that the information reflected on this annual report or supplemented 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 registered agent or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95
DATE

904-382-4547
TELEPHONE NUMBER