

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 27 AM 10:42

DOCUMENT # **N47924** (8)
1. Corporation Name
SWEETWATER CREEK HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1890 S. 14TH STREET, SUITE 105 1890 S. 14TH STREET, SUITE 105
P. O. BOX 1408 P. O. BOX 1408
FERNANDINA BCH. FL 32035-1408 FERNANDINA BCH. FL 32035-1408
US US

3. Date Incorporated or Qualified 03/16/1992 3a. Date of Last Report 03/21/1994
4. FEI Number 59-3147702 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 2215 E. State Rd 200 26 P.O. Box 1408
Suite, Apt #, etc Suite, Apt #, etc
22 City & State 27 City & State
23 Yulee Florida 28 Fernandina Beach Fl
24 Zip 25 Country 29 Zip 30 Country
32097 US 32035-1408 US

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
POWELL, TERRELL J.
PROPERTY MANAGEMENT SYSTEMS INC.
1890 S. 14TH STREET, SUITE 105
FERNANDINA BCH. FL 32034
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2215 E. State Rd 200
83
84 City Yulee FL 85 Zip Code 32097

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, MARK A.	1.2 NAME	Knowles, Mark A.
STREET ADDRESS	9471 BAYMEADOWS RD., SUITE 408	1.3 STREET ADDRESS	3840 Crown Point Road, Suite A
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	Jacksonville, FL 32257
TITLE	VD	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLAND, BEVERLY	2.2 NAME	Holland, Beverly J.
STREET ADDRESS	9471 BAYMEADOWS RD., SUITE 408	2.3 STREET ADDRESS	3840 Crown Point Road, Suite A
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	Jacksonville, FL 32257
TITLE	STD	3.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCO, ROBIN	3.2 NAME	Collins, J.D.
STREET ADDRESS	9471 BAYMEADOWS RD., SUITE 408	3.3 STREET ADDRESS	3840 Crown Point Road, Suite A
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	Jacksonville, FL 32257
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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)(a), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark A. Knowles Mark A. Knowles, Treasurer 3/21/95 904-268-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR