

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business <b>2215 E STATE RD 200 P. O. BOX 1408 YULEE FL 32097 US</b>	Mailing Address <b>P O BOS 1408 P. O. BOX 1408 FERNANDINA BEACH FL 32035-1408 US</b>
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3. Date Incorporated or Qualified <b>03/16/1992</b>	3a. Date of Last Report <b>03/27/1995</b>
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2. Principal Place of Business 21 <b>9551 Baymeadows Rd</b> Suite, Apt. #, etc. 22 <b>Suite 4</b> City & State 23 <b>Jacksonville, FL</b> Zip Country 24 <b>32256</b> 25 <b>US</b>	2a. Mailing Address 26 <b>9551 Baymeadows Rd</b> Suite, Apt. #, etc. 27 <b>Suite 4</b> City & State 28 <b>Jacksonville FL</b> Zip Country 29 <b>32256</b> 30 <b>US</b>
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4. FEI Number <b>59-3147702</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**POWELL, TERRELL J.  
2215 E STATE ROAD 200  
1890 S. 14TH STREET, SUITE 105  
YULEE FL 32097**

10. Name and Address of New Registered Agent  
81 Name  
**L. Denise Wallace**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**9551 Baymeadows Rd Suite 4**  
83  
84 City  
**Jacksonville** 85 Zip Code  
**FL 32256**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
**L. Denise Wallace, Agent** 4/19/96  
SIGNATURE *L. Denise Wallace, Agent* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>KNOWLES, MARK A.</b>	
STREET ADDRESS	<b>3840 CROWN POINT ROAD, SUITE A</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>HOLLAND, BEVERLY</b>	
STREET ADDRESS	<b>3840 CROWN POINT ROAD, SUITE A</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>COLLINS, J. D</b>	
STREET ADDRESS	<b>3840 CROWN POINT ROAD, SUITE A</b>	
CITY - ST - ZIP	<b>JACKSONVILLE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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 617, 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* 4/19/96 904 733-6698  
SIGNATURE AND ZIP OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Mark A. Knowles, Treasurer**

CR2E037 (12/95)