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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N47924

(8)

| DOCUMENT # 1. Corporation Name | N47924 | (8) |
|--------------------------------|---------------|-------------------|
| SWEETWATER CRE | EK HOMEOWNERS | ASSOCIATION, INC. |

| Principal Place of | f Business | Mailing Address | | t täätität die Sien raasa sena nama | **** |
|---|--|--|--|--|---|
| 2215 E STATE | RD 200 | P O BOS 1408 | | | |
| P. O. BOX 140 YULEE FL 3209 | | p, o. Box 1408 Fernandina Beac | OH FL 32035-1408 | 2 Data lagarnarated or Qualified | 3a. Date of Last Report |
| US | √ 1 | US | - | 3. Date incorporated or Qualified 03/16/1992 | 03/27/1995 |
| . Principal Plac | | 2a. Mailing Address | 1 DJ | 4. FEI Number 59-3147702 | Applied For Not Applicable |
| | Baymeadows Rd | | meadows Rd | 39-3 147 702 | \$8.75 Additional |
| Suite, Apt. #, | _ | Suite, Apt. #, etc. | • | 5. Certificate of Status Desired | Fee Required |
| Suite City & State | 4 | 27 Suite 4 City & State | | 6. Election Campaign Financing | \$5.00 May Be |
| า ์ | anusilla El | 28 Jacksonvi | 11a Fi | Trust Fund Contribution | Added to Fees |
| ⊥ Jacks Zip | onville, FL Country | Zip | Country | 8. This corporation has liability for in | |
| 3225 | 6 25 US | 29 32256 | 30 US | Florida Statutes L. 10. Name and Address of New Re | Yes XX No |
| | 9. Name and Address of C | Current Registered Agent | 81 Name | (U. Name and Address of New Yor | - Sisteriou rigerii |
| | | | | Denise Wallace ddress (P.O. Box Number is Not Acceptable | |
| | , TERRELL J. | | 82 Street A | ddress (P.O. Box Number is Not Acceptable | ej f |
| | STATE ROAD 200 | | 83 955 | 1 Baymeadows Rd Suite 4 | |
| | 14TH STREET, SUITE 105 | | | | Test 7 - Code |
| YULEE F | L 32097 | | 84 City | ksonville | FL 85 Zip Code 32256 |
| 11 Diversions to | the provisions of Sections 61 | 7.0502 and 617.1508. Florida St | and the state of the state of | and the submitted this etatement for the pure | oose of changing its registered office |
| | the provisions of Sections of | | | poration submits this statement for the purpoporard of directors. I hereby accept the appo | intment as registered agent. I am |
| or registere | | 6 Casting 617 0503 Elorida Stat | tutoc | | |
| familiar with | n, and accept the obligations o | of, Section 617.0503, Florida Stat | | Denise Wallace, Agent | 4/15/86 |
| familiar with | n, and accept the obligations o | M. Jection 617.0503, Honda Stat | | Denise Wallace, Agent | 9/15/86 DATE |
| familiar with SIGNATUREs | and accept the obligations of state of the control | M. Jection 617.0503, Honda Stat | L. | Denise Wallace, Agent | CERS AND DIRECTORS IN 12 |
| familiar with SIGNATURE | and accept the obligations of state of the control | Assertion 617,0903, Florida State | (NOTE: Registered Agent signature re- | Denise Wallace, Agent | |
| familiar with SIGNATURE | of agent, or both, in the state of agent, and accept the obligations of Display or pirted name of register OFFICE TO KNOWLES, MARK A. | red agent and life if all 4-sable RS AND DIRECTORS | (NOTE: Registered Agent signature re- | Denise Wallace, Agent | CERS AND DIRECTORS IN 12 |
| familiar with SIGNATURE 12. TITLE NAME | ad agent, or both, in the state of n, and accept the obligations of n, acc | red agent and life if all 4-sable RS AND DIRECTORS | (NOTE Registered Aport signature reinfluid 13. 1.1 TiffLE 1 2 NAME 1.3 STREET ADDRESS | Denise Wallace, Agent | CERS AND DIRECTORS IN 12 |
| familiar with SIGNATURES 12. TITLE NAME STREET ADDRESS | of agent, or both, in the state of agent, and accept the obligations of Display or pirted name of register OFFICE TO KNOWLES, MARK A. | red agent and life if all 4-substitutes agent and life if all 4-substitutes and DIRECTORS DELETE ROAD, SUITE A | (NOTE Registered Agent signature re: 13. 1.1 TITLE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CITY - ST - ZIP | Denise Wallace, Agent | CERS AND DIRECTORS IN 12 Change Addition |
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SIGNATURE: _

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A TRANSPORT BALLOCORN TRANS NOTICE STEPLENGE ORDER BARRIE BARRIE BARRIE BARRIE BARRIE BARRIE BARRIE BARRIE BARR