


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 9551 BAYMEADOW ROAD SUITE 4 JACKSONVILLE FL 32256 US	Mailing Address 9551 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32256 US
--	---

3. Date Incorporated or Qualified 03/16/1992		
4. FEI Number 59-3147702	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 9471 Baymeadows Rd.	2a. Mailing Address 22 9471 Baymeadows Rd.
Suite, Apt. #, etc. 23 #404	Suite, Apt. #, etc. 24 #404
City & State 25 Jacksonville, FL	City & State 26 Jacksonville, FL
Zip 27 32256	Country 28 USA

9. Name and Address of Current Registered Agent
**WALLACE, DENISE L
9551 BAYMEADOWS ROAD
SUITE 4
JACKSONVILLE FL 32256**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Frank Beach	
1.3 STREET ADDRESS	5267 Alexis Forest Drive	
1.4 CITY-ST-ZIP	Jacksonville, FL 32258	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George Woodward	
2.3 STREET ADDRESS	11555 Alexis Forest Drive E.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32258	
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jessie Grover	
3.3 STREET ADDRESS	5331 Chestnut Lake Drive	
3.4 CITY-ST-ZIP	Jacksonville, FL 32258	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 my appointment with an address.

SIGNATURE: Frank Beach Frank Beach 3/10/98 (904) 733-6690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, Month, Year

CFR2037 (10/97)