

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999

## **DOCUMENT # N47924**

1. Corporation Name

23

24

Zip

SUITE 4

JACKSONVILLE FL 32256

## SWEETWATER CREEK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address		
9471 BAYMEADOWS RD #404 JACKSONVILLE FL 32256 US	9471 BAYMEADOWS RD #404 JACKSONVILLE FL 32256 US		
Principal Place of Business     1	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	_	

59-3147702 Not Applicable \$8.75 Additional City & State 5. Certificate of Status Desired Fee Required 28 Country 6. Election Campaign Financing \$5.00 May Be Zip Country Added to Fees Trust Fund Contribution 29 30 25 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

81 Name

WALLACE, DENISE L

9551 BAYMEADOWS ROAD

82	Street Address (P.O. Box	Number is Not Acc	er is Not Acceptable)			
83			•			
84	City		FL	85	Zip Code	_

3. Date Incorporated or Qualifed

03/16/1992 4. FEI Number FILED

03-11-1999 90040 048 \*\*\*\*61.25

Applied For

Mar 11, 1999 8:00 am § Secretary of State

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	Signature, typed or printed name of registered agent and title if a	policable (NOTE: Re	egistered Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AND DIREC	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE .	1.1 TITUE	Р	☐ Change	Addition
NAME	BEACH, FRANK		1.2 NAME	Joann, Jobes		
STREET ADDRESS	5267 ALEXIS FOREST DR		1.3 STREET ADDRESS	11501 Joliet	Falls Lane	
CITY-ST-ZIP	JACKSONVILLE FL 32258		1.4 CITY-ST-ZIP	Jacksonville.	FL 32258	
TITLE	SD	☐ DELETE	2.1 TITLE	•	☐ Change	☐ Addition
NAME	WOODWARD, GEORGE		2.2 NAME			
STREET ADDRESS	11555 ALEXIS FOREST DRIVE E		2.3 STREET ADDRESS			Ì
CITY-ST-ZIP	JACKSONVILLE FL 32258		2. 4 CITY-ST-ZIP			
TITLE	TD	☐ DELETE	3.1 TITLE		Change	Addition
NAME	GROVER, JESSIE		3.2 NAME			- 1
STREET ADDRESS	5331 CHESTNUT LAKE DRIVE		3.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32258		3.4. CITY-ST-ZIP		<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		□ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CiTY-ST-ZIP			6.4 CITY-ST-ZIP			

4. 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 chapped, or on an attachment with an address-with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/13/99 904-268-5640

CR2E037 (11/98)