

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 03, 2000 8:00 am
Secretary of State

03-20-2000 90131 020 ****61.25

DOCUMENT # N47924	
1. Entity Name SWEETWATER CREEK HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 9471 BAYMEADOWS RD #404 JACKSONVILLE FL 32256 US	Mailing Address 9471 BAYMEADOWS RD #404 JACKSONVILLE FL 32256-7937 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL	3. Mailing Address 920 Third Street Suite, Apt. #, etc. Suite B City & State Neptune Beach, FL
Zip 32266 Country USA	Zip 32266 Country USA

4. FEI Number 59-3147702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent WALLACE, DENISE L 9551 BAYMEADOWS ROAD SUITE 4 JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 920 Third Street Suite B City Neptune Beach, FL Zip Code 32266
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Wallace, Denise L. DATE 1/11/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEACH, FRANK 5267 ALEXIS FOREST DR JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Barry Hoffman 5304 Chestnut Lake Drive Jacksonville, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODWARD, GEORGE 11555 ALEXIS FOREST DRIVE E JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Joann Jobes 11501 Joilet Falls Lane Jacksonville, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROVER, JESSIE 5331 CHESTNUT LAKE DRIVE JACKSONVILLE FL 32258	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T D Kevin Alsup 11660 Oxford Crest Lane Jacksonville, FL 32258	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, actual or other (like empowered).

SIGNATURE: *Denise L. Wallace* DATE 1/21/00 Daytime Phone # (904) 880-4269

NOT REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)