

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0061070

**DOCUMENT # N47924**

1. Entity Name

**SWEETWATER CREEK HOMEOWNERS ASSOCIATION, INC.**

04-08-2002 90233 006 \*\*\*\*61.25

Principal Place of Business

Mailing Address

920 THIRD ST  
 STE B  
 NEPTUNE BEACH FL 32266  
 US

920 THIRD ST  
 STE B  
 NEPTUNE BEACH FL 32266  
 US

2. Principal Place of Business  
 2180 W SR 434

3. Mailing Address  
 2180 W SR 434

Suite, Apt. #, etc.  
 STE 5000

Suite, Apt. #, etc.  
 STE 5000

City & State  
 LONGWOOD FL

City & State  
 LONGWOOD FL

4. FEI Number  
**59-3147702**

Applied For  
 Not Applicable

Zip Country  
 32779 US

Zip Country  
 32779 US

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, DENISE L  
 920 THIRD ST  
 STE B  
 NEPTUNE BEACH FL 32266

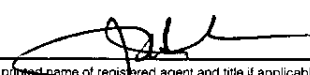
Name  
**JAMES W HART JR**

Street Address (P.O. Box Number is Not Acceptable)  
**SENTRY MANAGEMENT INC**

**2180 W SR 434 STE 5000**

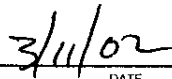
City State Zip Code  
**LONGWOOD FL 32779**

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 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

  
 DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME  Delete  
**PD HOFFMAN, BARRY**  
 STREET ADDRESS **5304 CHESTNUT LAKE DR**  
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
**VD JOBES, JOANN**  
 STREET ADDRESS **11501 JOILET FALLS LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE NAME  Change  Addition  
**VD Bruce Kurland**  
 STREET ADDRESS **5352 Chestnut Lake Drive**  
 CITY-ST-ZIP **Jacksonville, FL-32258**

TITLE NAME  Delete  
**STD ALSUP, KEVIN**  
 STREET ADDRESS **11660 OXFORD CREST LANE**  
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)