NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State
08-18-2002 90140 002 ****61.25

DOCUMENT # N96000005122

1. Entity Name

Sweetwater Creek Neighborhood Association

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
101 Park Place Blvd.		101 Park Place Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2		Suite 2	
City & State		City & State	
Kissimmee, FL		Kissimmee, FL	
Zip	Country	Zip	Country
34741	USA	34741	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3433784 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Walter M. Arena

Street Address (P.O. Box Number is Not Acceptable): 101 Park Place Blvd.

Suite 2

City: Kissimmee **FL** Zip Code: 34741

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: Naomi A Norris

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD	TITLE	
NAME	Al Jackson	NAME	
STREET ADDRESS	2383 Sweetwater Blvd.	STREET ADDRESS	
CITY-ST-ZIP	St Cloud, FL 34772	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	June Renick	NAME	
STREET ADDRESS	2303 Giselle Ct.	STREET ADDRESS	
CITY-ST-ZIP	St Cloud, FL 34772	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	Naomi Norris	NAME	
STREET ADDRESS	2410 Sweetwater Blvd.	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	St Cloud, FL 34772	CITY-ST-ZIP	
TITLE	TD	TITLE	**IN THIS SPACE**
NAME	Brian Beckel	NAME	
STREET ADDRESS	2340 Sweetwater Blvd.	STREET ADDRESS	
CITY-ST-ZIP	St Cloud, FL 34772	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Paula Carpenter	NAME	
STREET ADDRESS	5719 Sweetheart Ct.	STREET ADDRESS	
CITY-ST-ZIP	St Cloud, FL 34772	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	Randy Gaines	NAME	
STREET ADDRESS	2357 Sweetwater Blvd.	STREET ADDRESS	
CITY-ST-ZIP	St Cloud, FL 34772	CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Naomi A Norris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #