2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State
03-01-2004 90029 013 ****61.25

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DOCUMENT # N96000005122

1. Entity Name
SWEETWATER CREEK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741	101 PARK PLACE BLVD SUITE 2 KISSIMMEE, FL 34741

02122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
820 Palmway St. Suite, Apt. #, etc.	820 Palmway St. Suite, Apt. #, etc.
City & State: Kissimmee, Fl.	City & State: Kissimmee, Fl.
Zip: 34744 Country: U.S.A.	Zip: 34744 Country: U.S.A.

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

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
FERDINANDSEN ENTERPRISES, INC. 820 PALMWAY STREET KISSIMMEE, FL 34744	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2-12-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARPENTER, PAULA 5719 SWEETHAEART CT. SAINT CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Tiffany Cunningham 2303 Gina Anne Court St. Cloud, Florida 34772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUINN, DANIEL R 5700 SWEET HEART CT. ST CLOUD, FL 34772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Chuck Parker 2445 Sweetwater Boulevard St. Cloud, Florida 34772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD NORRIS, NAOMI 2410 SWEETWATER BLVD. ST CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Donna Blue 2362 Sweetwater Boulevard St. Cloud, Florida 34772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RENICK, JUNE 2303 GISELLE CT SAINT CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BECKEL, BRIAN 2340 SWEETWATER BLVD. SAINT CLOUD, FL 34772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAINES, RANDY 2357 SWEETWATER BLVD SAINT CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Paula J Carpenter 2/17/04 407 892 0537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #