2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State
01-31-2005 90075 035 ****61.25

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DOCUMENT # N96000005122

1. Entity Name
SWEETWATER CREEK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
820 PALMWAY ST. KISSIMMEE, FL 34744	820 PALMWAY ST. KISSIMMEE, FL 34744

01172005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

FERDINANDSEN ENTERPRISES, INC.
820 PALMWAY STREET
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

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 Vicki Diaz Vicki Diaz 1-26-05
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, 2005

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	P.D. Blue, Donna 2362 Sweetwater Blvd. Saint Cloud, FL 34772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, CHUCK 2445 SWEETWATER BOULEVARD ST CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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	S.D. McKenna, Tom 2378 Sweetwater Blvd. Saint Cloud, FL 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	D Renick, June 2303 Giselle Ct Saint Cloud, FL 34772	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CUNNINGHAM, TIFFANY 2303 GINA ANNE COURT SAINT CLOUD, FL 34772	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kuzir, Mark 2419 Sweetwater Blvd. Saint Cloud, FL 34772	☐ 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	D.V. Gaines, Randy 2357 Sweetwater Blvd Saint Cloud, FL 34772	☑ 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: [signature] 1/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #