

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90155 022 ****61.25

DOCUMENT # N96000005122

1. Entity Name

SWEETWATER CREEK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

**101 PARK PLACE BLVD
SUITE 2
KISSIMMEE FL 34741**

Mailing Address

**101 PARK PLACE BLVD
SUITE 2
KISSIMMEE FL 34741**

00016300



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3433784**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ARENA, WALTER M
20 NORTH ORANGE AVENUE, SUITE 1107
ORLANDO FL 32801**

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

SIGNATURE

Walter M. Arena, Reg. Agent / Walter M. Arena

1-9-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☒ Delete
NAME **QUINN, DANNY**
STREET ADDRESS **2893 BIG SKY BLVD.**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **PD** ☐ Change ☒ Addition
NAME **CARPENTER, PAULA**
STREET ADDRESS **5719 SWEETHEART CT.**
CITY-ST-ZIP **ST. CLOUD, FL 34772**

TITLE **D** ☐ Delete
NAME **QUINN, DANIEL R**
STREET ADDRESS **5700 SWEET HEART CT.**
CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE **VD** ☐ Change ☒ Addition
NAME **RENICK, JUNE**
STREET ADDRESS **2303 GISELLE CT.**
CITY-ST-ZIP **ST. CLOUD, FL 34772**

TITLE **D** ☒ Delete
NAME **ANDRE CASTELLANO**
STREET ADDRESS **5800 SWEETGUM CT**
CITY-ST-ZIP **ST CLOUD FL 34772**

TITLE **SD** ☐ Change ☒ Addition
NAME **NORRIS, NAOMI**
STREET ADDRESS **2410 SWEETWATER BLVD.**
CITY-ST-ZIP **ST. CLOUD, FL 34772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **BECKEL, BRIAN**
STREET ADDRESS **2340 SWEETWATER BLVD.**
CITY-ST-ZIP **ST. CLOUD, FL 34772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **GAINES, RANDY**
STREET ADDRESS **2357 SWEETWATER BLVD.**
CITY-ST-ZIP **ST. CLOUD, FL 34772**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

Paula Carpenter, PD

1-9-03 407-847-9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)