

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90003 022 ****61.25

DOCUMENT # N98000002907

1. Entity Name

SWEETWATER LAKE OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**6803 OLD KINGS RD SOUTH
 JACKSONVILLE FL 32217**

**6803 OLD KINGS RD SOUTH
 JACKSONVILLE FL 32217-2803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2505526

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKINNER, A C III
 6803 OLD KINGS RD SOUTH
 JACKSONVILLE FL 32217**

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.

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 **PD** Delete
 NAME **DIEBEL, CHUCK**
 STREET ADDRESS **3986 BOULEVARD CENTER DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **PD** Change Addition
 NAME **Diebel, Chuck**
 STREET ADDRESS **8875 Liberty Ridge Drive, Suite 100**
 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **VD** Delete
 NAME **SKINNER, A C III**
 STREET ADDRESS **6803 OLD KINGS RD SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** Delete
 NAME **SKINNER, C BRIGHTMAN JR**
 STREET ADDRESS **6808 OLD KINGS RD S**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 employees.

SIGNATURE: _____

WITNESSES REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/00
 Date

(904)464-0900
 Daytime Phone #

CR2E037 (9/99)