

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90036 003 ****61.25

DOCUMENT # N98000002907

1. Entity Name
SWEETWATER LAKE OWNERS' ASSOCIATION, INC.

Principal Place of Business 6803 OLD KINGS RD SOUTH JACKSONVILLE FL 32217	Mailing Address 6803 OLD KINGS RD SOUTH JACKSONVILLE FL 32217
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2505526	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**SKINNER, A C III
 6803 OLD KINGS RD SOUTH
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent
 Name
Chuck Diebel
 Street Address (P.O. Box Number is Not Acceptable)
**c/o Koger Equity, Inc.
 8875 Liberty Ridge Dr., Suite 100**
 City
Jacksonville, FL 32256 Zip Code
FL

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  DATE **MAR 27 20**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIEBEL, CHUCK 8875 LIBERTY RIDGE DRIVE, SUITE 100 JACKSONVILLE FL 32207	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SKINNER, A C III 6803 OLD KINGS RD SOUTH JACKSONVILLE FL 32217	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SKINNER, C BRIGHTMAN JR 6808 OLD KINGS RD S JACKSONVILLE FL 32217	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zip - 32256	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE **MAR 27 2001** 904-464-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)