

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90083 049 ****61.25

DOCUMENT # N98000002907

1. Entity Name

SWEETWATER LAKE OWNERS' ASSOCIATION, INC.



Principal Place of Business

**8880 FREEDOM CROSSING TRAIL
SUITE 103
JACKSONVILLE FL 32256**

Mailing Address

**8880 FREEDOM CROSSING TRAIL
SUITE 103
JACKSONVILLE FL 32256**

2. Principal Place of Business

8375 DIX ELLIS TRAIL

3. Mailing Address

8375 DIX ELLIS TRAIL

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32256

Country

Zip

32256

Country

4. FEI Number **59-2505526**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DIEBEL, CHUCK
8880 FREEDOM CROSSING TRAIL
SUITE 103
JACKSONVILLE FL 32256**

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 _____
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIEBEL, CHUCK	
STREET ADDRESS	8880 FREEDOM CROSSING TRAIL #103	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SKINNER, A C III	
STREET ADDRESS	6803 OLD KINGS RD SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SKINNER, C BRIGHTMAN JR	
STREET ADDRESS	6808 OLD KINGS RD S	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8375 DIX ELLIS TRAIL, #101	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED**

4/21/03 904-464-0900

CR2E037 (10/02)