

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18145

1. Entity Name

SWEETWATER SPRINGS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2180 WEST SR 434
5000
LONGWOOD FL 32779
US

Mailing Address

21810 WEST SR 434
5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

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.

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

TITLE PD
NAME BIRON, LOU ☒ Delete
STREET ADDRESS 3861 WATERCREST DRIVE
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VD
NAME LYNCH, DOUGLAS ☒ Delete
STREET ADDRESS 3804 WATERCREST DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE STD
NAME GUNSALLUS, LORIEN ☐ Delete
STREET ADDRESS 3878 WATERCREST DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D
NAME ROCK, ELISA ☒ Delete
STREET ADDRESS 3862 WATERCREST DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D
NAME STOEHR, NORMAN ☐ Delete
STREET ADDRESS 1044 BEARDED OAKS TER
CITY-ST-ZIP LONGWOOD FL 32779

TITLE D
NAME KUSIV, JOHN R ☐ Delete
STREET ADDRESS 988 BEARDED OAKS TER
CITY-ST-ZIP LONGWOOD FL 32779

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BELADI, RON ☐ Change ☒ Addition
STREET ADDRESS 3652 WATERCREST DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE SD
NAME VAUGHAN, MARYANN ☐ Change ☒ Addition
STREET ADDRESS 1037 BEARDED OAKS TER
CITY-ST-ZIP LONGWOOD FL 32779

TITLE TD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME VISSER, BRAD ☐ Change ☒ Addition
STREET ADDRESS 3772 WATERCREST DR
CITY-ST-ZIP LONGWOOD FL 32779

TITLE VD
NAME WHITE, BOB ☐ Change ☒ Addition
STREET ADDRESS 909 BEARDED OAKS TER
CITY-ST-ZIP LONGWOOD FL 32779

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90028 034 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)