

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000065792

Entity Name: SWEETWATER PLAZA, LLC**Current Principal Place of Business:**8016 S. SUNCOAST BLVD
HOMOSASSA, FL 34446**Current Mailing Address:**8016 S. SUNCOAST BLVD
HOMOSASSA, FL 34446**FEI Number:** 47-3768360**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARTLE, SHERYL L
8016 S SUNCOAST BLVD
HOMOSASSA, FL 34446 US*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:** SHERYL L BARTLE

04/08/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name PONTICOS, STEPHAN E
Address 7 BYRSONIMA CT W
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name JACOBY, JAMES JAY
Address 10 WEEPING WILLOW CT
City-State-Zip: HOMOSASSA FL 34446

Title VP
Name TATE, LARRY
Address 11 BYRSONIMA CT W
City-State-Zip: HOMOSASSA FL 34446

Title DIRECTOR
Name MAUGHAN, NELSON W SR.
Address 44 CYPRESS BLVD W
City-State-Zip: HOMOSASSA FL 34446

Title TREASURER
Name AUSTIN, TERRY V
Address 3831 CATBIRD PT
City-State-Zip: CRYSTAL RIVER FL 34428

Title DIRECTOR
Name BRUNSINK, WAYNE
Address 14 CHINKAPIN CIR
City-State-Zip: HOMOSASSA FL 34446

Title PRESIDENT
Name CHRISTENSEN, ROBERT S
Address 2 ELDER COURT E
City-State-Zip: HOMOSASSA FL 34446

Title SECRETARY
Name BARTLE, SHERYL L
Address 5515 N ROSEDALE CIR
City-State-Zip: BEVERLY HILLS FL 34465

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERYL L BARTLE**SECRETARY**

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	DIRECTOR
Name	PHANEUF, ROBERT N
Address	4524 CHEVAL BLVD
City-State-Zip:	LUTZ FL 33558