

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 16 AM 10:28

DOCUMENT # 726095 (3)
 Corporation Name
SWEETWATER CLUB HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
SUITE 800 SUITE 800
505 WEKIVA SPRINGS ROAD 505 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/12/1973	3a. Date of Last Report 01/24/1994
4. FEI Number 59-2267208	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEIDAISH, PHILIP F., JR.
SUITE 800
505 WEKIVA SPRINGS ROAD
LONGWOOD FL 32779

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D	TITLE D
NAME BURROWS, BETTY	NAME James Ferguson
STREET ADDRESS 101 AMBERWOOD COURT	STREET ADDRESS 1180 Sweetwater Club Boulevard
CITY - ST - ZIP LONGWOOD FL	CITY - ST - ZIP Longwood, Florida 32779
TITLE D	TITLE D
NAME MIZWICKI, ALANA	NAME Larry Labensky
STREET ADDRESS 510 SWEETWATER CLUB CIRCLE	STREET ADDRESS 950 Sweetwater Club Boulevard
CITY - ST - ZIP LONGWOOD FL	CITY - ST - ZIP Longwood, Florida 32779
TITLE D	TITLE D
NAME PRIORE, LUCIANO	NAME Jon Rose
STREET ADDRESS 505 SWEETWATER CLUB CIRCLE	STREET ADDRESS 303 Magnolia Lake Drive
CITY - ST - ZIP LONGWOOD FL	CITY - ST - ZIP Longwood, Florida 32779
TITLE D	TITLE D
NAME BAYHI, CRAIG	NAME Jon Rose
STREET ADDRESS 1305 SWEETWATER CLUB BLV	STREET ADDRESS 303 Magnolia Lake Drive
CITY - ST - ZIP LONGWOOD FL	CITY - ST - ZIP Longwood, Florida 32779
TITLE D	TITLE D
NAME SACCO, TOM	NAME Jon Rose
STREET ADDRESS 1115 BROWNSHIRE CT	STREET ADDRESS 303 Magnolia Lake Drive
CITY - ST - ZIP LONGWOOD FL	CITY - ST - ZIP Longwood, Florida 32779
TITLE D	TITLE D
NAME LISENSEE, SERGE	NAME Jon Rose
STREET ADDRESS 501 SWEETWATER CLUB CIRCLE	STREET ADDRESS 303 Magnolia Lake Drive
CITY - ST - ZIP LONGWOOD FL	CITY - ST - ZIP Longwood, Florida 32779

11 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME James Ferguson	
13 STREET ADDRESS 1180 Sweetwater Club Boulevard	
14 CITY - ST - ZIP Longwood, Florida 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME Larry Labensky	
23 STREET ADDRESS 950 Sweetwater Club Boulevard	
24 CITY - ST - ZIP Longwood, Florida 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME Jon Rose	
33 STREET ADDRESS 303 Magnolia Lake Drive	
34 CITY - ST - ZIP Longwood, Florida 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME Jon Rose	
43 STREET ADDRESS 303 Magnolia Lake Drive	
44 CITY - ST - ZIP Longwood, Florida 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME Jon Rose	
53 STREET ADDRESS 303 Magnolia Lake Drive	
54 CITY - ST - ZIP Longwood, Florida 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME Jon Rose	
63 STREET ADDRESS 303 Magnolia Lake Drive	
64 CITY - ST - ZIP Longwood, Florida 32779	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Ferguson

6-13-95-788-2803

CR2E037 (3/95)