

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726095 (3)
1. 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

3. Date Incorporated or Qualified **04/12/1973** 3a. Date of Last Report **06/16/1995**
4. FEI Number **59-2267208** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FERGUSON, JAMES
STREET ADDRESS	1180 SWEETWATER CLUB BOULEVARD
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MIZWICKI, ALANA
STREET ADDRESS	510 SWEETWATER CLUB CIRCLE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PRIORE, LUCIANO
STREET ADDRESS	505 SWEETWATER CLUB CIRCLE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LABENSKY, LARRY
STREET ADDRESS	950 SWEETWATER CLUB BOULEVARD
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSE, JON
STREET ADDRESS	303 MAGNOLIA LAKE DRIVE
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LISENBEE, SERGE
STREET ADDRESS	501 SWEETWATER CLUB CIRCLE
CITY-ST-ZIP	LONGWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: LARRY LABENSKY **LARRY LABENSKY** 4/10/96 (407) 882-3306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)