

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726095

FILED
Mar 17, 2006
Secretary of State

Entity Name: SWEETWATER CLUB HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434 #5000
LONGWOOD, FL 327795024

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 #5000
LONGWOOD, FL 327795024

New Mailing Address:

FEI Number: 59-2267208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WINOKUR, RICHARD
Address: 500 SWEETWATER CLUB BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: BARNHART, STEVE
Address: 802 SWEETWATER CLUB BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: BURROWS, BETTY
Address: 101 AMBERWOOD DR
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: TIPPIT, RACHEL
Address: 500 GRANDVIEW PL
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: LARSSON, AUGUST G
Address: 202 SWEETWATER CLUB BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: MARTIN, RICHARD
Address: 301 SWEETWATER BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: WINOKUR, RICHARD
Address: 500 SWEETWATER CLUB BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: PD (X) Change () Addition
Name: BARNHART, STEVE
Address: 802 SWEETWATER CLUB BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SIMMONS, ALICIA
Address: 100 SQUIRE HILL RD
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE BARNHART

PD

03/17/2006

Electronic Signature of Signing Officer or Director

Date