2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90210 010 ****61.25

ANNOAL KEI OKI	
DOCUMENT # 726095	

	1. Entity Nam SWEETW INC.	ATER C	LUB HOMEOWNE	RS' AS	SOCIATION,				<u>'</u>				
Principal Place of Business 2180 W SR 434 #5000 LONGWOOD, FL 32779-5024		Mailing Address 2180 W SR 434 #5000 LONGWOOD, FL 32779-5024			÷								
	2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mail	ing Address								
_	Suite, Apt.	#, etc.		Sui	ite, Apt. #, etc.		-	,	03282007	Chg-NP	CR2E03	7 (12/06)	
City & State				City & State				4. FEI Number 59-2267			Ar	oplied For	
	Zip		Country	Zip)	Cou	untry	5. Certificate of Sta				8.75 Add	
_		6. Name	and Address of Current	Registere	d Agent	l	T		7. Name and A	ddress of Nev			
_					Q		Name					<u> </u>	
	HART, JAM SENTRY M	MANAGEN					Street A	ddress (P.O. Box Number	is Not Accepta	able)		
	LONGWOO												
		,					City				FL	Zip Cod	е
		samed satis											
_			y submits this statement fo	r the purpo	ose of changing its	register	ed office o	r register	ed agent, or both	, in the State of	f Florida. I am f	amiliar with,	and accept
_		tions of regist		r the purpo	ose of changing its	register	ed office o	r register	ed agent, or both	, in the State of	f Florida. I am f	amiliar with,	and accept
	the obligati	ions of regist	ered agent.			·			-	, in the State of	f Florida. I am f	amiliar with,	and accept
	the obligati	Signature, typed			9. Election Ca	E. Registere	ed Agent signa	lure required	when reinstating)		DATE Make check	payable to	
	the obligati	Signature, typed	ered agent. or printed name of registered agent		hcable. (NO)	E. Registere	ed Agent signa		I when reinstating)		DATE	payable to	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIMMONS, ALICYA

100 SQUIRE HILL RD LONGWOOD FL 32779

NAME

STREET ADDRESS

CITY-ST-ZIP

SIMMONS, ALICYA

100 SQUIRE HILL RD

LONGWOOD, FL 32779

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-786-1193