

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90001 021 \*\*\*\*61.25

**50060030**



<b>DOCUMENT # 745776</b> 1. Entity Name <b>SWEETWATER OAKS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>J&amp;R PROPERTY MGMT PO BOX 13675 TAMPA, FL 33611 US</b>			Mailing Address <b>J&amp;R PROPERTY MGMT PO BOX 13675 TAMPA, FL 33681-3675 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  <b>WRIGHT, DAVID 13709 SWEETWATER COVE PL TAMPA, FL 33613</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONDERUD, HEIDI		NAME	<i>Weaver, ALISON</i>	
STREET ADDRESS	13703 SWEETWATER COVE PL		STREET ADDRESS	<i>4509 Sweetwater Lake Dr</i>	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	<i>Tampa, FL 33613</i>	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOX, AMBER		NAME	<i>Lang Kam, DENNIS</i>	
STREET ADDRESS	13701 SWEETWATER COVE PL		STREET ADDRESS	<i>408 Bueland Parkway</i>	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP	<i>Temple Terrace, FL 33617</i>	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DAVID		NAME		
STREET ADDRESS	13709 SWEETWATER COVE PL		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABRY, FRANK		NAME		
STREET ADDRESS	4506 SWEETWATER LAKE DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	DP <i>Gardner</i>	<input type="checkbox"/> Delete	TITLE	<i>Gardner Victoria</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, VICTORIA		NAME	<i>10912 Victoria Arbor Way</i>	
STREET ADDRESS	4510 SWEETWATER LAKE DR.		STREET ADDRESS	<i>Temple Terrace, FL 33617</i>	
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHELBERGER, WAYNE		NAME		
STREET ADDRESS	4512 SWEETWATER LAKE DR.		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33613		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><i>8/1/05</i></span> <span><i>813-454-5789</i></span> </div> <small>Date Daytime Phone #</small>		