

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90183 001 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                    |                                                                                                          |                                                                                              |                                                                                                                                                                                                                                      |                                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 745776</b><br>1. Entity Name<br><b>SWEETWATER OAKS CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                 |                                                                                                          |                                                                                              |                                                                                                                                                     |                                                                                                                                                              |  |
| Principal Place of Business<br><b>J&amp;R PROPERTY MGMT<br/>PO BOX 13675<br/>TAMPA, FL 33611 US</b>                                                                                                                                                                                                |                                                                                                          | Mailing Address<br><b>J&amp;R PROPERTY MGMT<br/>PO BOX 13675<br/>TAMPA, FL 33611-3675 US</b> |                                                                                                                                                                                                                                      |                                                                                                                                                              |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                              |                                                                                                          | 3. Mailing Address<br>Suite, Apt. #, etc.                                                    |                                                                                                                                                                                                                                      |                                                                                                                                                              |  |
| City & State                                                                                                                                                                                                                                                                                       |                                                                                                          | City & State                                                                                 |                                                                                                                                                                                                                                      |                                                                                                                                                              |  |
| Zip                                                                                                                                                                                                                                                                                                |                                                                                                          | Zip                                                                                          |                                                                                                                                                                                                                                      |                                                                                                                                                              |  |
| Country                                                                                                                                                                                                                                                                                            |                                                                                                          | Country                                                                                      |                                                                                                                                                                                                                                      |                                                                                                                                                              |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>WRIGHT, DAVID<br/>13709 SWEETWATER COVE PL<br/>TAMPA, FL 33613</b>                                                                                                                                                                |                                                                                                          |                                                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name <b>Joyce Pfeiffer, Managing Agent</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>3809 N. OAK DRIVE</b><br>City <b>Tampa</b> <b>FL</b> Zip Code <b>33611</b> |                                                                                                                                                              |  |
| 8. The above named entity submits this statement for the purpose of certifying 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 <i>Joyce A. Pfeiffer</i><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                 |                                                                                                          |                                                                                              | DATE <b>4-26-06</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                   |                                                                                                                                                              |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                |                                                                                                          |                                                                                              | 9. In Campaign Financing and Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                               |                                                                                                                                                              |  |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                           |                                                                                                          |                                                                                              |                                                                                                                                                                                                                                      |                                                                                                                                                              |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                  |                                                                                                          |                                                                                              | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                         |                                                                                                                                                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                     | DT<br>WEAVER, ALISON<br>4509 SWEETWATER LAKE DRIVE<br>TAMPA, FL 33613 <i>X delete</i>                    |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | DS<br>Gluth, Angela<br>4514 Sweetwater Lake Dr<br>Tampa, FL 33613 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                     | D<br>LANG KAM, DENNIS<br>401 BULLARD PARKWAY<br>TEMPLE TERRACE, FL 33617 <input type="checkbox"/> delete |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | DP<br>Lagacham, Dennis<br>401 Bullard Parkway<br>Temple Terrace, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                     | VD<br>WRIGHT, DAVID<br>13709 SWEETWATER COVE PL<br>TAMPA, FL 33613 <i>X delete</i>                       |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | DT<br>Mervis, Brett<br>13708 Sweetwater Cove PL<br>Tampa, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                     | DP<br>GARDNER, VICTORIA<br>10912 VICTORIA ARBOR WAY<br>TEMPLE TERRACE, FL 33617 <i>X delete</i>          |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | VD<br>Gardner, Victoria<br>10912 Victoria Arbor Way<br>Temple Terrace, FL 33617 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                     | VD<br>ECHELBERGER, WAYNE<br>4512 SWEETWATER LAKE DR.<br>TAMPA, FL 33613 <i>delete</i>                    |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                     | <i>delete</i>                                                                                            |                                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                            |  |
| 12. I hereby certify that the information supplied with this filing does not indicate on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute, changed, or on an attachment with an address with all other like information. |                                                                                                          |                                                                                              |                                                                                                                                                                                                                                      |                                                                                                                                                              |  |
| SIGNATURE: <i>Wayne Echelberger</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>                                                                                                                                                                                   |                                                                                                          |                                                                                              | Vice President <b>4/28/06</b> <b>813-984-0949</b><br><small>OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                         |                                                                                                                                                              |  |

40079000



04262006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3185905**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WRIGHT, DAVID  
13709 SWEETWATER COVE PL  
TAMPA, FL 33613

Name **Joyce Pfeiffer, Managing Agent**  
 Street Address (P.O. Box Number is Not Acceptable) **3809 N. OAK DRIVE**  
 City **Tampa** **FL** Zip Code **33611**

8. The above named entity submits this statement for the purpose of certifying 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 *Joyce A. Pfeiffer*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. In Campaign Financing and Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
WEAVER, ALISON  
4509 SWEETWATER LAKE DRIVE  
TAMPA, FL 33613 *X delete*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
Gluth, Angela  
4514 Sweetwater Lake Dr  
Tampa, FL 33613 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LANG KAM, DENNIS  
401 BULLARD PARKWAY  
TEMPLE TERRACE, FL 33617 ☐ delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
Lagacham, Dennis  
401 Bullard Parkway  
Temple Terrace, FL 33617 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WRIGHT, DAVID  
13709 SWEETWATER COVE PL  
TAMPA, FL 33613 *X delete*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DT  
Mervis, Brett  
13708 Sweetwater Cove PL  
Tampa, FL 33613 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
GARDNER, VICTORIA  
10912 VICTORIA ARBOR WAY  
TEMPLE TERRACE, FL 33617 *X delete*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
Gardner, Victoria  
10912 Victoria Arbor Way  
Temple Terrace, FL 33617 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
ECHELBERGER, WAYNE  
4512 SWEETWATER LAKE DR.  
TAMPA, FL 33613 *delete*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not indicate on this report or supplemental report is true and accurate of the corporation or the receiver or trustee empowered to execute, changed, or on an attachment with an address with all other like information.

I further certify that the information contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director of the corporation as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if required.

SIGNATURE: *Wayne Echelberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Vice President **4/28/06** **813-984-0949**  
OFFICER OR DIRECTOR Date Daytime Phone #