

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90044 035 ****61.25

DOCUMENT # 745776

1. Entity Name
SWEETWATER OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**J&R PROPERTY MGMT
PO BOX 13675
TAMPA, FL 33611 US**

Mailing Address
**J&R PROPERTY MGMT
PO BOX 13675
TAMPA, FL 33681-3675 US**

40011740



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252007

Chg-NP

CR2E037 (12/06)

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

**PFEIFFER, JOYCE
3809 NORTH OAK DR
TAMPA, FL 33611**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> Delete
NAME	GLUTH, ANGELA	
STREET ADDRESS	4514 SWEETWATER LAKE DR	
CITY - ST - ZIP	TAMPA, FL 33613	
TITLE	DP LANGHAM	<input type="checkbox"/> Delete
NAME	LAGAGHAM, DENNIS	
STREET ADDRESS	401 BALLARD PKWY	
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MERVIS, BRETT	
STREET ADDRESS	13708 SWEETWATER COVE PL	
CITY - ST - ZIP	TAMPA, FL 33613	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GARDNER, VICTORIA	
STREET ADDRESS	10912 VICTORIA ARBOR WAY	
CITY - ST - ZIP	TEMPLE TERRACE, FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Echelberger, Wayne</i>	
STREET ADDRESS	<i>4512 Sweetwater Lake Dr.</i>	
CITY - ST - ZIP	<i>Tampa, FL 33613</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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.

SIGNATURE:

Dennis Lagagham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07 813.899.4757
Date Daytime Phone #