

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

93 FEB 11 PM 4:30

SECRETARY OF STATE
FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000685

SWEETWATER VILLAGE PHASE III, LTD.

Mailing Address

Principal Office Address

450 Challenger Road
Cape Canaveral, FL 32920

450 Challenger Road
Cape Canaveral, FL 32920

3. Date Formed or Registered

04/09/96

5a. Capital Contributions as
Shown on record

\$1,000.00

3a. Date of Last Report

Dec. 1996

5b. Amount of Capital
Contributions in FLORIDA
to date

\$1,000.00

4. State or Country of Formation

Florida

2. Mailing Address

405-F Atlantis Road

2a. Principal Office Address

405-F Atlantis Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Canaveral, FL

City & State

Cape Canaveral, FL

Zip

32920

Country

USA

Zip

32920

Country

USA

6. FEI Number

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

(2) ☒

\$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

Gregory Popp, Esq.
450 Challenger Road
Cape Canaveral, FL 32920

10. If changed, new Registered Agent/Office

Name

Christopher J. Straka

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

405-F Atlantis Road

Suite, Apt. #, etc.

City

Cape Canaveral

FL

Zip Code

32920

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

02.10.98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

Saxon Group, Inc.

405-F Atlantis Road

Cape Canaveral, FL
32920

894-54073

Community Development and
Planning, Inc.

2518 South Highway 77,

Lynn Haven, FL 32244

100002427741--9

193-3811

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Cynthia L. Rentz

DATE 02.10.98

Typed or Printed Name of General Partner Signing Form

Cynthia L. Rentz, Vice President

Daytime Telephone Number

407.799.4900

CR2E003 (6/97)