

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L04375

FILED
Jan 11, 2007
Secretary of State

Entity Name: SWEETWATER HOMES OF CITRUS, INC.

Current Principal Place of Business:

8016 S SUNCOAST BLVD
HOMOSASSA, FL 32646

New Principal Place of Business:

8016 S SUNCOAST BLVD
HOMOSASSA, FL 34446

Current Mailing Address:

8016 S SUNCOAST BLVD
HOMOSASSA, FL 32646

New Mailing Address:

8016 S SUNCOAST BLVD
HOMOSASSA, FL 34446

FEI Number: 59-2957488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTENSEN, ROBERT R
4 SHORTLEAF CT N
HOMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PONTICOS, STEPHAN E
Address: 7 BYRSONIMA CT WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: P () Delete
Name: TATE, LARRY,
Address: 11 BYRSONIMA CT WEST
City-St-Zip: HOMOSASSA, FL

Title: VP () Delete
Name: BRUNSINK, WAYNE
Address: 14 CHINKAPIN CIRCLE
City-St-Zip: HOMOSASSA, FL

Title: T () Delete
Name: CHRISTENSEN, ROBERT
Address: 4 SHORTLEAF CT N
City-St-Zip: HOMOSASSA, FL 34446

Title: S () Delete
Name: MAUGHAN, NELSON
Address: 44 CYPRESS BLVD WEST
City-St-Zip: HOMOSASSA, FL 34446

Title: VP () Delete
Name: JACOBY, JAMES JAY
Address: 41 OAK VILLAGE BOULEVARD
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: TATE, LARRY
Address: 11 BYRSONIMA CT WEST
City-St-Zip: HOMOSASSA, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT R CHRISTENSEN

T

01/11/2007

Electronic Signature of Signing Officer or Director

_____ Date