

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003490

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: SWEETWATER RIDGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

107 SWEETWATER CIRCLE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

336 SWEETWATER CIRCLE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

107 SWEETWATER CIRCLE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

336 SWEETWATER CIRCLE  
CRAWFORDVILLE, FL 32327

FEI Number: 59-3648572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOWE, FRANCES C  
3119-B CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

GRIMES, KATHERINE K  
2449 BASS BAY DRIVE  
TALLAHASSEE, FL 32312 US

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: KATHERINE GRIMES

04/23/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOWE, BRIAN  
Address: 107 SWEETWATER CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP ( ) Delete  
Name: BOXBERGER, MIKE  
Address: 231 SWEETWATER CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete  
Name: TALBOTT, PATRICE  
Address: 247 SWEETWATER CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32327

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GRIMES, KATHERINE  
Address: 2449 BASS BAY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312 37

Title: VP (X) Change ( ) Addition  
Name: ALLEN, MIKE  
Address: 216 SWEETWATER CIRCLE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S (X) Change ( ) Addition  
Name: LONG, RICK  
Address: 336 SWEETWATER CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32327

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE GRIMES

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date