2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N00000003490

1. Entity Name
SWEETWATER RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
336 SWEETWATER CIRCLE CRAWFORDVILLE, FL 32327	336 SWEETWATER CIRCLE CRAWFORDVILLE, FL 32327

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01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3648572
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIMES, KATHERINE
STREET ADDRESS	2449 BASS BAY DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VP
NAME	ALLEN, MIKE
STREET ADDRESS	216 SWEETWATER CIRCLE
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	S
NAME	LONG, RICK
STREET ADDRESS	336 SWEETWATER CIRCLE
CITY-ST-ZIP	TALLAHASSEE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/08-80037-020 61.25

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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: Katherine Grimes KATHERINE GRIMES 3-19-08 515-2887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #