2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# N04000004577

Entity Name: SWEETBAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2493 THUNDELL DR.
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2493 THUNDELL DR.
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 55-0854908 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKEANS, BARBARA L
2496 THUNDELL DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

SKEANS-BAULDREE, BARBARA L
2495 THUNDELL DR.
TALLAHASSEE, FL 32303 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: BARBARA SKENS-BAULDREE 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHIVER, FRED
Address: 2493 THUNDELL DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: SKEANS, BARBARA L
Address: 2496 THUNDELL DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: BAULDREE, BARBARA
Address: 4755 KNOLLWOOD DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: SKEANS-BAULDREE, BARBARA L
Address: 2495 THUNDELL DR.
City-St-Zip: TALLAHASSEE, FL 32303

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

I hereby certify that the information supplied with this filing does not qualify 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: BARBARA BAULDREE OFFI 03/30/2009
Electronic Signature of Signing Officer or Director Date