


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90420 030 ****61.25

| | |
|---|---|
| DOCUMENT # N04000011563 |  |
| 1. Entity Name SWEET TREE HOMEOWNERS' ASSOCIATION, INC. | |

| | |
|--|--|
| Principal Place of Business 6720 LAKELAND HIGHLAND ROAD LAKELAND, FL 33813 | Mailing Address 6720 LAKELAND HIGHLAND ROAD LAKELAND, FL 33813 |
|--|--|

DO NOT WRITE IN THIS SPACE

90000000



01302006 No Chg-NP CR2E037 (11/05)

| | |
|---|--|
| 4. FEI Number 13-4294075 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**CHRITTON, CHARLES P
C/O WENDEL & CHRITTON, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813**

DO NOT WRITE
IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

| | |
|---|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

10. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE DB Director | NAME BRIDGES, DAVID E |
| STREET ADDRESS 6744 LAKELANDS RD | CITY-ST-ZIP LAKELAND, FL 33813 |
| TITLE VB Director | NAME EDENFIELD, RAYMOND G |
| STREET ADDRESS 6720 LAKELAND HIGHLAND RD | CITY-ST-ZIP LAKELAND, FL 33813 |
| TITLE BT Director-Treasurer | NAME EDENFIELD, BETTY C |
| STREET ADDRESS 6720 LAKELAND HIGHLAND RD | CITY-ST-ZIP LAKELAND, FL 33813 |
| TITLE Secretary | NAME Linda E. Bridges |
| STREET ADDRESS 6744 Lakeland Highlands Rd | CITY-ST-ZIP Lakeland FL 33813 |
| TITLE Pres. | NAME Manuel J. Vega |
| STREET ADDRESS 6756 Lakeland Highlands Rd | CITY-ST-ZIP Lakeland, FL 33813 |
| TITLE | NAME |
| STREET ADDRESS | CITY-ST-ZIP |

DO NOT WRITE
IN THIS SPACE

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: Betty C. Edenfield, Director 4-14-06 863-644-2903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #