


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT #</b> N04000011563	
<b>1. Entity Name</b> SWEET TREE HOMEOWNERS' ASSOCIATION, INC.	

<b>Principal Place of Business</b> 6720 LAKELAND HIGHLAND ROAD LAKELAND, FL 33813	<b>Mailing Address</b> 6720 LAKELAND HIGHLAND ROAD LAKELAND, FL 33813
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03222007 No Chg-NP CR2E037 (4/06)

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

**6. Name and Address of Current Registered Agent**

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

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

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D BRIDGES, DAVID E 8744 LAKELANDS RD LAKELAND, FL 33813
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D EDENFIELD, RAYMOND G 6720 LAKELAND HIGHLAND RD LAKELAND, FL 33813
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DT EDENFIELD, BETTY C 6720 LAKELAND HIGHLAND RD LAKELAND, FL 33813
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	S BRIDGES, LINDA E 6744 LAKELAND HIGHLANDS RD LAKELAND, FL 33813
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P VEGA, MANUEL J 6756 LAKELAND HIGHLANDS RD LAKELAND, FL 33813
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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U000000683549  
04/05/07-80049-008 61.25

**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 Betty C Edenfield 3-27-07 (863) 644-2903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #