

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90446 013 \*\*\*\*70.00

<b>DOCUMENT # N05000002720</b> 1. Entity Name <b>SWEETWATER OAKS OF OCALA HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>3151 NW 44TH AVE LOT 185 OCALA, FL 34482</b>			Mailing Address <b>3151 NW 44TH AVE LOT 185 OCALA, FL 34482</b>		
2. Principal Place of Business <b>3151 NW 44TH AVE LOT 162 OCALA, FL</b>		3. Mailing Address <b>3151 NW 44TH AVE LOT 162 OCALA, FL</b>		02152006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc. <b>LOT 162</b>		Suite, Apt. #, etc. <b>LOT 162</b>		4. FEI Number <b>13-4299994</b>	
City & State <b>OCALA, FL</b>		City & State <b>OCALA, FL</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>34482</b>		Country <b>MARION</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CROWELL, LEE 3151 NW 44TH AVE LOT 185 OCALA, FL 34482</b>				7. Name and Address of New Registered Agent Name <b>CHESTER A. BRUNNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3151 NW 44TH AVE LOT 162</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34482</b>	
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 <u><i>Chester A. Brunner</i></u> DATE <u>4/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE P NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
			<b>DAVID FERWERDA 3151 NW 44TH AVE LOT 23 OCALA, FL 34482</b>		
			<b>CHESTER A. BRUNNER 3151 NW 44TH AVE LOT 162 OCALA, FL 34482</b>		
			<b>PATRICIA NICKEY 3151 NW 44TH AVE LOT 99 OCALA FL 34482</b>		
			<b>KENNETH BELL 3151 NW 44TH AVE LOT 62 OCALA, FL 34482</b>		
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.					
<b>SIGNATURE:</b> <u><i>Chester A. Brunner</i></u> <b>Chester A. BRUNNER</b> <u>APR 21 2006</u> <u>352-365-1095</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					