


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90063 014 ****61.25

DOCUMENT # N06000005198

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



Principal Place of Business
**2884 S OSCEOLA AVE
 ORLANDO, FL 32806**

Mailing Address
**2884 S OSCEOLA AVE
 ORLANDO, FL 32806**

2. Principal Place of Business - No P.O. Box #
clo World of Homes

Suite, Apt. #, etc.
2884 S. Osceola Avenue

City & State
Orlando, FL

Zip
32806

Country
USA

3. Mailing Address
clo World of Homes

Suite, Apt. #, etc.
2884 S. Osceola Avenue

City & State
Orlando, FL

Zip
32806

Country
USA

01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-0844314

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**FERDINANDSEN ENTERPRISES, INC.
 DBA WORLD OF HOMES
 2884 S OSCEOLA AVE
 ORLANDO, FL 32806**

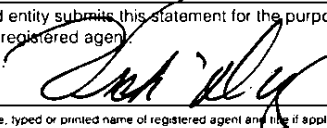
7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is NOT Applicable) _____

City _____ State **FL** Zip Code **06**

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  **Vicki Diaz** DATE **1-23-08**

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**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PETTIT, JOHN	
STREET ADDRESS	1130 ECHO COURT SUITE A	
CITY-ST-ZIP	PEACHTREE CITY, GA 30269	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOMMA, LISA	
STREET ADDRESS	17239 CHATEAU PINE WAY	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZENTMEYER, JOHN	
STREET ADDRESS	17739 CHATEAU PINEWAY	
CITY-ST-ZIP	CLERMONT, FL 34711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **JOHN S. PETTIT** DATE **1-23-08**

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

400100

