


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90012 046 ****70.00

DOCUMENT # N06000006798 1. Entity Name SWEETWATER OAKS HOA, INC.					
Principal Place of Business 3151 NW 44TH AVE., LOT 162 OCALA, FL 34482			Mailing Address 3151 NW 44TH AVE., LOT 162 OCALA, FL 34482		
2. Principal Place of Business - No P.O. Box # 3151 NW 44TH AVE		3. Mailing Address 3151 NW 44TH AVE			
Suite, Apt. #, etc. LOT 162		Suite, Apt. #, etc. LOT 162			
City & State OCALA, FL.		City & State OCALA, FL.			
Zip 34482		Country MARION		Zip 34482	
Country MARION		4. FEI Number 13-4299994			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BRUNNER, CHESTER 3151 NW 44TH AVE., LOT 162 OCALA, FL 34482			7. Name and Address of New Registered Agent Name CHESTER A. BRUNNER Street Address (P.O. Box Number is Not Acceptable) 3151 NW 44TH AVE LOT 162 City OCALA FL Zip Code 34482		
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> 3/20/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES FERWERDA, DAVID 3151 NW 44TH AVE., LOT 23 OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BRUNNER, CHESTER 3151 NW 44TH AVE., LOT 162 OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAMIRE, THERESA 3151 NW 44TH AVE., LOT 107 OCALA, FL 34482	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BELL, KENNETH 3151 NW 44TH AVE., LOT 62 OCALA, FL 34482	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NICKEY, PATRICIA 3151 NW 44TH AVE., LOT 99 OCALA, FL 34482	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROBINSON, GARY 3151 NW 44TH AVE # 106 OCALA FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LANGLEY, DOLORIS 3151 NW 44TH AVE # 226 OCALA, FL 34482	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Chester A Brunner</i></u> Chester A. BRUNNER MARCH 20 2007 352-368-1095 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					