

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90020 036 ****61.25

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		 01172008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc. Lot 109		Suite, Apt. #, etc. Lot 109			
City & State Ocala FL		City & State Ocala FL			
Zip Country 34482 Marion		Zip Country 34482 Marion			
4. FEI Number 13-4299994				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
8. 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 Elaine M Papis Street Address (P.O. Box Number is Not Acceptable) 3151 NW 44th Ave Lot 109 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 <i>Elaine M Papis Treasurer</i> <i>March 10, 2008</i> 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			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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Langley, Doloris 3151 NW 44th Ave Lot 226 Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES BRUNNER, CHESTER 3151 NW 44TH AVE., LOT 162 OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres. Robinson, Gary 3151 NW 44th Ave Lot 106 Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAMIRE, THERESA 3151 NW 44TH AVE., LOT 107 OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Clements, Carol 3151 NW 44th Ave Lot 110 Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR ROBINSON, GARY 3151 NW 44TH AVE #108 OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. Papis Elaine 3151 NW 44th Ave Lot 109 Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LANGLEY, DOLORIS 3151 NW 44TH AVE #226 OCALA, FL 34482		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir. Ferwerda David 3151 NW 44th Ave Lot 23 Ocala FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Elaine M Papis</i> 3/10/08 352-352-2805 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					