

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15366** (0)
1. Corporation Name
SWEETWATER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

552 MAIN STREET
SAFETY HARBOR FL 34695
*Anchor Property Mgmt
5519 B Hanley Rd.
Tampa FL 33634*

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SAFETY HARBOR FL 34695
*Anchor Property Mgmt
5519 B Hanley Rd.
Tampa FL 33634*

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/12/1986	3a. Date of Last Report 02/06/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2656711	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEZER, STEVEN
1212 COURT STREET
SUITE B
CLEARWATER FL 34616**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	D
NAME	LATTA, SALLY	1.2 NAME	ED MATTIX
STREET ADDRESS	5407 SWEETWATER TERR.	1.3 STREET ADDRESS	5455 SWEETWATER TERRACE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA, FL
TITLE	TD	2.1 TITLE	D
NAME	BUTTERFIELD, TRACY	2.2 NAME	MARCELLA DARLING
STREET ADDRESS	5439 SWEETWATER TERR.	2.3 STREET ADDRESS	5453 SWEETWATER TERRACE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA, FL
TITLE	PD	3.1 TITLE	D
NAME	FITZGERALD, CHRISTINE	3.2 NAME	DIANA HOMER
STREET ADDRESS	5447 SWEETWATER TERR.	3.3 STREET ADDRESS	5413 SWEETWATER TERRACE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sally J. Latta
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-96
Date

941-758-4422
Daytime Phone #

CR2E037 (12/95)