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Apr 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15366 (0)
1. Corporation Name
SWEETWATER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ANCHOR PROPERTY MGMT 5519 B HANLEY RD. TAMPA FL 33634 US	Mailing Address ANCHOR PROPERTY MGMT 5519 B HANLEY RD. TAMPA FL 33634-4903 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/12/1986	3a. Date of Last Report 05/23/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2656711	Applied For <input type="checkbox"/> Not Applicable
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	7. 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 MEZER, STEVEN 1212 COURT STREET SUITE B CLEARWATER FL 34616	10. Name and Address of New Registered Agent 81 Name ANCHOR PROPERTY MANAGEMENT 82 Street Address (P.O. Box Number is Not Acceptable) 5519 -B HANLEY RD. 83 84 City TAMPA, FL 85 Zip Code 33634
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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 BAY CARON (NOTE: Registered Agent signature required when reinstating) DATE 3/24/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SD LATTA, SALLY	1.2 NAME	NAME TD BUTTERFIELD, TRACY	2.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5407 SWEETWATER TERR.	1.3 STREET ADDRESS	STREET ADDRESS 5439 SWEETWATER TERR.	2.2 STREET ADDRESS
CITY-ST-ZIP TAMPA FL	1.4 CITY-ST-ZIP	CITY-ST-ZIP TAMPA FL	2.3 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D HOMER, DIANA	2.2 NAME	NAME D HOMER, DIANA	3.2 NAME
STREET ADDRESS 5413 SWEETWATER TERRACE	2.3 STREET ADDRESS	STREET ADDRESS 5413 SWEETWATER TERRACE	3.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL	2.4 CITY-ST-ZIP	CITY-ST-ZIP TAMPA FL	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D MATTIX, ED	3.2 NAME	NAME PD ED MATTIX	4.2 NAME
STREET ADDRESS 5455 SWEETWATER TERRACE	3.3 STREET ADDRESS	STREET ADDRESS 5455 SWEETWATER TERRACE	4.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL	3.4 CITY-ST-ZIP	CITY-ST-ZIP TAMPA FL 33634	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME D DALING, MARCELLA	4.2 NAME	NAME VD MARCELLA DARLING	5.2 NAME
STREET ADDRESS 5453 SWEETWATER TERRACE	4.3 STREET ADDRESS	STREET ADDRESS 5453 SWEETWATER TERRACE	5.3 STREET ADDRESS
CITY-ST-ZIP TAMPA FL	4.4 CITY-ST-ZIP	CITY-ST-ZIP TAMPA, FL 33634	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME	NAME	6.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS	STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP	CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Sandra B. Mortham DATE: 3/22/97 579-3333

CR2E037 (9/96)