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FILED
Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified 06/12/1986	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2656711	

2. Principal Place of Business 21 Riverside Property Mgmt Suite, Apt. #, etc. 22 112 East St., Suite B City & State 23 Tampa, FL Zip 24 33602	2a. Mailing Address 26 Riverside Property Mgmt Suite, Apt. #, etc. 27 P.O. Box 7692 City & State 28 Tampa, FL Zip 29 33673	Country 30 Hillsborough
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANCHOR PROPERTY MANAGEMENT 5519-B HANLEY RD. SUITE B TAMPA FL 33634	
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10. Name and Address of New Registered Agent 81 Name DANIEL F. DALY, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 111 South Moody Ave 83 84 City Tampa FL 85 Zip Code 33606	
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **1/12/98**

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LATTA, SALLY	
STREET ADDRESS	5407 SWEETWATER TERR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUTTERFIELD, TRACY	
STREET ADDRESS	5439 SWEETWATER TERR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOMER, DIANA	
STREET ADDRESS	5413 SWEETWATER TERRACE	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATTIX, ED	
STREET ADDRESS	5455 SWEETWATER TERR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DALING, MARCELLA	
STREET ADDRESS	5453 SWEETWATER TERRACE	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BOYO, JEFFERY	
5.3 STREET ADDRESS	5403 SWEETWATER TERRACE	
5.4 CITY-ST-ZIP	TAMPA, FL 33634	
6.1 TITLE	600002421155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-02/04/98--01003--030	
6.3 STREET ADDRESS	***\$1.25	
6.4 CITY-ST-ZIP		

14. I 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: *[Signature]* 1-12-98 879-3333 7559

CR2E037 (10/97)