## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N15366 1. Corporation Name

SWEETWATER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
RIVERSIDE PROPERTY MGMT 112 EAST ST., SUITE B TAMPA FL 33602 US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

RIVERSIDE PROPERTY MGMT P.O. BOX 7692 **TAMPA FL 33673** US

## **FILED** Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90021 030 \*\*\*\*61.25

3. Date Incorporated or Qualifed

21		26			06/12/1986			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For		
22		27			59-2656711	Not Applicable		
City & State City & State					5. Certificate of Status Desired	\$8.75 Additional		
23		28			or contribute of states promoted in	Fee Required		
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 May Be		
24	25	29 30			Trust Fund Contribution	Added to Fees		
	9. Name and Address of Current F	Registered Agent			10. Name and Address of New Registered	Agent		
	,		81	Name				
DALÝ DAI	NIEL F ESQ		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
-			1	Officer Medicos (1 . O. Box (Million to Mer Mode)				
111 SOUTH MOODY AVE TAMPA FL 33606						·		
IMMIAIL	. 33000		84	Cit.		85 Zip Code		
		•	04	City	FL	_   65   24 0000		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes,	the above	e-named corpo	pration submits this statement for the purpose of	changing its registered		
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was auth	опиед бу	tne corporatio	n's board of directors. I hereby accept the appo	intment as registered		
;	m tamiliar with, and accept the obligation	(15 OI, Section 017.0303, 1 101108	Juanucs	•	•			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Ager	t signature required	when reinstating) DATE	<del></del>		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition		
NAME	LATTA, SALLY		1.2 NAME					
STREET ADDRESS	5407 SWEETWATER TERR.		1.3 STREET	ADDRESS				
	TAMPA FL		1.4 CITY-S		• .			
CITY-ST-ZIP TITLE	TD	☐ DELETE	2.1 TITLE	1-24		☐ Change ☐ Addition		
NAME	BUTTERFIELD, TRACY	_	2.2 NAME	.				
	5439 SWEETWATER TERR.		2.3 STREET	ADDOESS				
STREET ADDRESS	*				•			
CITY-ST-ZIP	TAMPA FL	☐ DELETE	2.4 CITY-S 3.1 TITLE	11-214	· · · · · · · · · · · · · · · · · · ·	Change Addition		
TITLE	D DIAMED BLANK		3.2 NAME					
NAME	HOMER, DIANA							
STREET ADDRESS	5413 SWEETWATER TERRACE		3.3 STREET	l				
CITY-ST-ZIP.	TAMPA FL	☐ DELETE	3.4. CITY-5	IT-ZIP		Change Addition		
TITLE	PD	FT DELETE	4.1 TITLE			C Stronge C T address		
NAME	MATTIX, ED		4. 2 NAME					
STREET ADDRESS	5455 SWEETWATER TERR.		4.3 STREE					
CITY- \$T-ZIP	TAMPA FL		4.4 CITY-S	T-ZIP		☐ Change ☐ Addition		
TITLE	VD	☐ DELETE	5.1 TITLE					
NAME	BOYD, JEFFERY		5.2 NAME					
STREET ADDRESS	5403 SWEETWATER TERRACE		5.3 STREE	1				
CITY-ST-ZIP	TAMPA FL		5.4 CITY-S	T-ZIP	·	Character Charles		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition		
NAME			6.2 NAME					
STREET ADDRESS	,		6.3 STREET	ADORESS				
CITY-ST-ZIP			6.4 CITY-S	T-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, with all other like empowered.

SIGNATURE: