

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15366

1. Entity Name

SWEETWATER CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90215 042 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

RIVERSIDE PROPERTY MGMT  
112 EAST ST., SUITE B  
TAMPA FL 33602  
US

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



DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

Riverside Property Mgmt, Inc

3. Mailing Address

Suite, Apt. #, etc.

4218 Riverside Drive

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

59-2656711

Applied For

Not Applicable

Zip

33603

Country

Hillsborough

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DALY, DANIEL F ESQ  
111 SOUTH MOODY AVE  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME SD LATTA, SALLY ☐ Delete  
STREET ADDRESS 5407 SWEETWATER TERR.  
CITY-ST-ZIP TAMPA FL

TITLE NAME TD BUTTERFIELD, TRACY ☐ Delete  
STREET ADDRESS 5439 SWEETWATER TERR.  
CITY-ST-ZIP TAMPA FL

TITLE NAME D HOMER, DIANA ☐ Delete  
STREET ADDRESS 5413 SWEETWATER TERRACE  
CITY-ST-ZIP TAMPA FL

TITLE NAME PD MATTIX, ED ☐ Delete  
STREET ADDRESS 5455 SWEETWATER TERR.  
CITY-ST-ZIP TAMPA FL

TITLE NAME VD BOYD, JEFFERY ☐ Delete  
STREET ADDRESS 5403 SWEETWATER TERRACE  
CITY-ST-ZIP TAMPA FL

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-01

Date

239-9453

Daytime Phone #

CR2E037 (10/00)