

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N15366**

1. Entity Name

SWEETWATER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**RIVERSIDE PROPERTY MGMT INC
4218 RIVERSIDE DRIVE
TAMPA FL 33603
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2656711

Applied For

Not Applicable

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 **Eddy G. Hauer III**

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

4218 Riverside DriveCity **Tampa****FL**Zip Code
33603

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

Eddy G. Hauer III

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

Eddy G. Hauer III

(NOTE: Registered Agent signature required when reinstating)

2/27/02

DATE

FILE NOW: FEE IS \$61.259. 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 **SD** ☐ Delete
NAME **LATTA, SALLY**
STREET ADDRESS **5407 SWEETWATER TERR.**
CITY-ST-ZIP **TAMPA FL**TITLE **TD** ☐ Delete
NAME **BUTTERFIELD, TRACY**
STREET ADDRESS **5439 SWEETWATER TERR.**
CITY-ST-ZIP **TAMPA FL**TITLE **D** ☒ Delete
NAME **HOMER, DIANA**
STREET ADDRESS **5413 SWEETWATER TERRACE**
CITY-ST-ZIP **TAMPA FL**TITLE **PD** ☐ Delete
NAME **MATTIX, ED**
STREET ADDRESS **5455 SWEETWATER TERR.**
CITY-ST-ZIP **TAMPA FL**TITLE **VD** ☐ Delete
NAME **BOYD, JEFFERY**
STREET ADDRESS **5403 SWEETWATER TERRACE**
CITY-ST-ZIP **TAMPA FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **Director** ☐ Change ☒ Addition
NAME **Sara Mello**
STREET ADDRESS **5419 Sweetwater Terrace**
CITY-ST-ZIP **Tampa, FL 33634**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 SALLY LATTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02

Date

813 239-9453

Daytime Phone #

CR2E037 (9/01)