

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90415 011 ****61.25

DOCUMENT # N18145					
1. Entity Name SWEETWATER SPRINGS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2180 WEST SR 434 5000 LONGWOOD, FL 32779 US		Mailing Address 21810 WEST SR 434 5000 LONGWOOD, FL 32779 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2872695	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HART, JAMES W JR. SENTRY MANAGEMENT INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 32779			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VISSER, BRAD		NAME	VISSER, BRAD	
STREET ADDRESS	3772 WATERCREST DR		STREET ADDRESS	3772 WATERCREST DR	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATHEWS, CHACKO		NAME	LAFRENIERE, DEBBIE	
STREET ADDRESS	3764 WATERCREST DR		STREET ADDRESS	989 BEARDED OAKS TER	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAMER, JEFF		NAME	STAMER, JEFF	
STREET ADDRESS	3669 WATERCREST DR		STREET ADDRESS	3669 WATERCREST DR	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNSALLUS, LORIEN		NAME	MULL, MIKE	
STREET ADDRESS	3878 WATERCREST DR		STREET ADDRESS	3894 WATERCREST DR	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, STEVE		NAME	BRAUN, STEVE	
STREET ADDRESS	3787 WATERCREST DR.		STREET ADDRESS	3787 WATERCREST DR	
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, BRUCE		NAME		
STREET ADDRESS	935 DEERWOOD LP		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

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