



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT #N18145</b> 1. Entity Name <b>SWEETWATER SPRINGS HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>2180 WEST SR 434</b> <b>5000</b> <b>LONGWOOD, FL 32779 US</b>			Mailing Address <b>21810 WEST SR 434</b> <b>5000</b> <b>LONGWOOD, FL 32779 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		<b>40089300</b> 	
City & State		City & State		4. FEI Number <b>59-2872695</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HART, JAMES W JR.</b> <b>SENTRY MANAGEMENT INC.</b> <b>2180 WEST SR 434, SUITE 5000</b> <b>LONGWOOD, FL 32779</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VISSEER, BRAD 3772 WATERCREST DR LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD VISSEER, BRAD 3772 WATERCREST DR LONGWOOD FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D MATHEWS, CHACKO 3764 WATERCREST DR LONGWOOD, FL 32779		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		D LAFRENIERE, DEBBIE 989 BEARDED OAKS TER LONGWOOD FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
SD STAMER, JEFF 3669 WATERCREST DR LONGWOOD, FL 32779		<input type="checkbox"/> Change <input type="checkbox"/> Addition		PD STAMER, JEFF 3669 WATERCREST DR LONGWOOD FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TD GUNSALLUS, LORIEN 3878 WATERCREST DR LONGWOOD, FL 32779		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		D MULL, MIKE 3894 WATERCREST DR LONGWOOD FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VPD BRAUN, STEVE 3787 WATERCREST DR. LONGWOOD, FL 32779		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		SD BRAUN, STEVE 3787 WATERCREST DR LONGWOOD FL 32779	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D FERNANDEZ, BRUCE 935 DEERWOOD LP LONGWOOD, FL 32779		<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					