

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90046 022 ****61.25

DOCUMENT # N20007

1. Entity Name

SWEETWATER POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4201 S. PADDOCK PT
INVERNESS FL 34450**

Mailing Address

**4201 S. PADDOCK PT
INVERNESS FL 34450**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3020157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURNS, THOMAS M
4201 S. PADDOCK POINTE
INVERNESS FL 34450**

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

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

(NOTE: Registered Agent signature is not used when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE DPC ☐ Delete
NAME BURNS, THOMAS
STREET ADDRESS 4201 S. PADDOCK POINTE
CITY-STATE-ZIP INVERNESS FL 34450

TITLE DVP ☒ Delete
NAME OLMSTEAD, JAMES
STREET ADDRESS 8699 E. SAN RAMON COURT
CITY-STATE-ZIP INVERNESS FL 34450

TITLE DST ☐ Delete
NAME JOHNSTON, AUTUMN
STREET ADDRESS 4239 S. PADDOCK POINTE
CITY-STATE-ZIP INVERNESS FL 34450

TITLE DVP ☐ Delete
NAME James Boone
STREET ADDRESS 9212 E Sweetwater Dr.
CITY-STATE-ZIP Inverness, FL 34450

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

Thomas M. Burns

02/03/2008

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344.1824