

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90184 007 ****61.25

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03112005 Chg-NP CR2E037 (10/03)

DOCUMENT # N22364 1. Entity Name SWEETBAY VILLAGE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12600 NW HARBOUR RIDGE BLVD PALM CITY, FL 34990 US			Mailing Address 12600 N.W. HARBOUR RIDGE BLVD PALM CITY, FL 34990 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 59-2845504	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEARY, MICHAEL E 12600 N.W. HARBOUR RIDGE BLVD PALM CITY, FL 34900			7. Name and Address of New Registered Agent Name Jane Cornett Cornett, Google & Associates, PA 401 E. Osceola Street, First Floor Stuart, FL 34994		
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 4-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	DS SPRAGUE, AUDREY 1619 SWEETBAY CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV WILSON, NICKEY 1599 SWEETBAY CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FERGER, LAWRENCE A 1506 SWEETBAY CIR. PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NORRIS, ARTHUR L 1620 SWEETBAY CIR PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIVP, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WIJNANDO, MICHAEL A 1549 SWEETBAY CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	WijNANDs <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:				Date: 4/7/05 Daytime Phone #: 772/785-6540	