

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90117 038 ****61.25

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		02102006 Chg-NP CR2E037 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2845504	
City & State		City & State		Applied For Not Applicable.	
Zip	Country	Zip	Country	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	
CORNETT, JANE CORNETT, GOOGE & ASSOCCIATES, PA 401 E. OSCEOLA ST, FIRST FLOOR STUART, FL 34994				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 DS NAME SPRAGUE, AUDREY STREET ADDRESS 1619 SWEETBAY CIRCLE CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME WILSON, NICKEY STREET ADDRESS 1599 SWEETBAY CIRCLE CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME FERGER, LAWRENCE A STREET ADDRESS 1506 SWEETBAY CIR. CITY-ST-ZIP PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DVT NAME NORRIS, ARTHUR L STREET ADDRESS 1620 SWEETBAY CIR CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WIJNANDS, MICHAEL A STREET ADDRESS 1549 SWEETBAY CIRCLE CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME Borellis, Lee STREET ADDRESS 1650 Sweetbay Cir. CITY-ST-ZIP Palm City, FL 34990	<input type="checkbox"/> Change <input checked="" 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 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: <i>Margaret S. Wilson</i>			3/8/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		