FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

(9)

SWEETWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED Feb 24 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address		# # # # # # # # # # # # # # # # # # #	ili Mibir Ofgil Oldii Ofgil Ofgil 1001
BOX 360484		BOX 360484		3. Date Incorporated or Qualified	
MELBOURNE FL 32936-7484		MELBOURNE FL 32836-0484 US		05/17/1988	
		US		4. FEI Number	Applied For
				59-2921133	Not Applicable
⊢ '	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt.	# elc	Suite, Apt. #, etc.		6 Election Compoler Financias	Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & Stat	le	City & State		7. Is this nonprofit corporation a homeon	
23		28	I Country	Yes	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25] 9. Name and Address of Curre	29]	30	Personal Property Tax due June 30. 10. Name and Address of New Registe	
81 Name				IV. Italia alla Addisse di Itali Italiale	100 Agont
POEIKE	D GEODGE				
POELKER, GEORGE 1881 SWEETWOOD DRIVE			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
	JRNE FL 32935		83		
			84 City		85 Zip Code
					FL
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	tes, the above-named c	corporation submits this statement for the purpor pration's board of directors. I hereby accept the	se of changing its registered
agent. I a	am familiar with, and accept the oblig	gations of, Section 617.0503, FI	orida Statutes.	oralion's board of directors. Thereby accept the	appointment as registered
SIGNATURE	<u> </u>				
12.	Signature typed or printed name of registered a OFFICERS At	gent and lifte if applicable (NO) ND DIRECTORS	E: Registered Agent signature re	equired when reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP OTTOETO A	DELETE	1.1 TITLE	TOUTHORIOGO IN TIOLE TO OFF TOLING	Change Addition
NAME	HENSLER, SR. CHARLES		1.2 NAME		
STREET ADDRESS	3047 SWEET OAK DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY - ST - ZIP		
TITLE	VPD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STILLIE, ED		2.2 NAME		
STREET ADDRESS	3048 SWEET OAK DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	T Driese	2. 4 CITY-ST-ZIP		Chance C 4 4 400
TITLE	DOELVED DITA	☐ DELETE	3.1 TITLE		Change Addition
NAME OZOCEZ NODOCEGO	POELKER, RITA		3.2 NAME		
STREET ADDRESS	1681 SWEETWOOD DRIVE MELBOURNE FL		3.3 STREET ADDRESS		
CITY-ST-ZIP	VPD	DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	BLONDIN, RICHARD	p	4. 2 NAME		
STREET ADDRESS	3005 SWEET OAK DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY+ST-ZIP		
TITLE	8	DELETE	5.1 TITLE		Change Addition
NAME	MAGUIRE, CHRISTINA		5.2 NAME		
STREET ADDRESS	1667 SWEETWOOD DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS	l		6.3 STREET ADDRESS		

14. Thereby 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 annual 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 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP