

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N26474					
1. Corporation Name SWEETWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business BOX 360484 MELBOURNE FL 32936-7484			Mailing Address BOX 360484 MELBOURNE FL 32936-0484 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		05/17/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2921133	
24 Country		29 Country		30	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POELKER, GEORGE 1681 SWEETWOOD DRIVE MELBOURNE FL 32935				81 Name ED STILLIE 82 Street Address (P.O. Box Number is Not Acceptable) 3048 SWEET OAK DR. 83 84 City MELBOURNE FL 85 Zip Code 32935			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Edward O. Stillie **EDWARD O. STILLIE** 1/7/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	☐ DELETE	1.1 TITLE	☐ 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	STILLIE, ED			
STREET ADDRESS	3048 SWEET OAK DR		2.3 STREET ADDRESS	3048 SWEET OAK DR.			
CITY-ST-ZIP	MELBOURNE FL		2.4 CITY-ST-ZIP	MELBOURNE, FL 32935			
TITLE	T	☒ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME	POELKER, RITA		3.2 NAME				
STREET ADDRESS	1681 SWEETWOOD DRIVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		3.4 CITY-ST-ZIP				
TITLE	VPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME	BLONDIN, RICHARD		4.2 NAME				
STREET ADDRESS	3005 SWEET OAK DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		4.4 CITY-ST-ZIP				
TITLE	S	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME	MAGUIRE, CHRISTINA		5.2 NAME				
STREET ADDRESS	1687 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			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 annual report or supplemental 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, with all other like empowered.

SIGNATURE: Edward O. Stillie **SIGNATURE REQUIRED** SEC/TREAS 1/7/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)