2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
04-07-2005 90026 044 ****61.25

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1. Entity 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

01162005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2921133
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STUART, JAMES B
3053 SWEET OAK DR
MELBOURNE, FL 32935

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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 James B. STUART James B Stuart 4/3/05
Signature, typed or printed name of registered agent and title, if applicable. (Florida Registered Agent signature required when changing) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	STUART, JAMES B
STREET ADDRESS	3053 SWEET OAK DR
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VD
NAME	PHILLIPS, JEFFERY M
STREET ADDRESS	3001 SWEET OAK DR
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VD
NAME	CARTER, MELINDA
STREET ADDRESS	1617 SWEETWOOD DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	P
NAME	HENSLER, CHARLES
STREET ADDRESS	3047 SWEET OAK DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	VD
NAME	Lewis Monteleone
STREET ADDRESS	3054 Sweet Oak Drive
CITY-ST-ZIP	Melbourne, FL 32935
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: James B. STUART James B Stuart 4/3/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE