2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N26474

1. Entity Name
SWEETWOOD ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BOX 360484	BOX 360484
MELBOURNE, FL 32936-7484	MELBOURNE, FL 32936-0484 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02042006   Chg-NP   CR2E037 (11/05)

4. FEI Number		Applied For
59-2921133		Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STUART, JAMES B	Name
3053 SWEET OAK DR	Street Address (P.O. Box Number is Not Acceptable)
MELBOURNE, FL 32935	
	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 _____ *James B Stuart* _____ 2-4-06

Signature, typed or printed name of registered agent and title if applicable. (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. ☐	**$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 ST **NAME** STUART, JAMES B **STREET ADDRESS** 3053 SWEET OAK DR **CITY-ST-ZIP** MELBOURNE, FL 32935	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE P **NAME** HENSLER, CHARLES **STREET ADDRESS** 3047 SWEET OAK DRIVE **CITY-ST-ZIP** MELBOURNE, FL 32935	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** VP **NAME** LEWIS MONTELEONE **STREET ADDRESS** 3054 SWEET OAK DRIVE **CITY-ST-ZIP** MELBOURNE, FL 32935	☐ Change ☒ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ Addition
TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Delete	**TITLE** **NAME** **STREET ADDRESS** **CITY-ST-ZIP**	☐ Change ☐ 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: _James B. Stuart_ *James Stuart*   2-4-06   321-253-3903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #