## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

James

an SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

## Feb 27, 2008 8:00 am **Secretary of State** DOCUMENT # N26474 02-27-2008 90011 027 \*\*\*\*61.25 SWEETWOOD ESTATES HOMEOWNERS ASSOCIATION. Principal Place of Business Mailing Address BOX 360484 BOX 360484 MELBOURNE, FL 32936-7484 MELBOURNE, FL 32936-0484 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02082008 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-2921133 City & State Applied For Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STUART, JAMES B Street Address (P.O. Box Number is Not Acceptable) 3053 SWEET OAK DR MELBOURNE, FL 32935 City 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 Signature, typed or printed name of registered agent and title if applicable Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. 11. D TITLE ☐ Delete TITLE ☐ Change **Addition** STUART, JAMES B NAME Esther Rexach STREET ADDRESS 3053 SWEET OAK DR STREET ADDRESS 1679 Sweetwood Drive CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP Melbourne, FL 32935 TITLE Delete TITLE ☐ Change ☐ Addition HENSLER, CHARLES MAME STREET ADDRESS 3047 SWEET OAK DRIVE STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP TITLE Defete TITLE Change - Addition LEWIS, MONTELEONE NAME **Edward Stillie** 3054 SWEET OAK DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32935 CITY-ST-ZIP 3048 Sweet Oak Drive TITLE ☐ Detete Melbourne, FL 32935 Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

2-23-2008

FILED