2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2008 8:00 am
Secretary of State
02-21-2008 90023 012 ****61.25

DOCUMENT # N38478

1. Entity Name

SWEETWATER WEST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~C/O OSS ASSOCIATION MANAGEMENT, INC.~~ ~~753 S. RANGER BLVD~~ WINTER PARK FL 32792-4527 US	C/O OSS ASSOCIATION MANAGEMENT, INC. ~~PO BOX 5717~~ WINTER PARK FL ~~32793-5717~~

000012000

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804	PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804

4. FEI Number 59-3013476 ☐ Applied For ☐ 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
HOUSE, GARY PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON ST - SUITE 103 ORLANDO FL 32804	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ 2.4.08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTIN, FRANK 1816 SWEETWATER WEST CIRCLE APOPKA FL 32712-2486	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOSEPH CAPOZZA 1341 BRANCWOOD PL APOPKA FL 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FORREST, HARRY W 1719 SWEETWATER WEST CIRCLE APOPKA FL 32712-2481	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JASON HARMON 1442 VALLEY PINE cir APOPKA FL 32712	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DRAFTS, WILLIAM A 1445 VALLEY PINE CIRCLE APOPKA FL 32712-2492	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SATCHER, DAVID T 1505 GRASSY RIDGE LANE APOPKA FL 32712-2420	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BORENSTEIN, MAX 1628 SWEETWATER WEST CIRCLE APOPKA FL 32712-2485	☐ 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 Section 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: _____ 3-1F-08 407 696-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #