

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 C/O OSS ASSOCIATION MANAGEMENT, INC. 753 S. RANGER BLVD WINTER PARK FL 32792-4527 US	Mailing Address C/O OSS ASSOCIATION MANAGEMENT, INC. PO BOX 5717 WINTER PARK FL 32793-5717
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2. Principal Place of Business - No P.O. Box # PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804	3. Mailing Address PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON STREET, SUITE 103 ORLANDO, FL 32804
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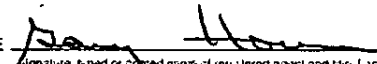
00001000

1st MOORE CR2E037 (10/07)

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 HOUSE, GARY PREMIER COMMUNITY MANAGERS, INC. 5151 ADANSON ST SUITE 103 ORLANDO FL 32804	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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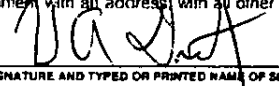
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **2.4.08**
(NOTE: Registered Agent signature not used when reappointing)

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
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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 1301 BARNWOOD 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 517, 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:  DATE **3-16-08** 457-696-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR