

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 A
Secretary of State

DOCUMENT # N45944

1. Entity Name
SWEETWATER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 14856
TALLAHASSEE, FL 32317

Mailing Address

P.O. BOX 14856
TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE



03252007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3313712

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARRY, SANDRA L
1714 RIVERBIRCH HOLLOW
TALLAHASSEE, FL 32308

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IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME MICHAEL HEMMEN
STREET ADDRESS 1725 RIVERBIRCH HOLLOW
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE VSD
NAME STEADHAM, SHAWN
STREET ADDRESS 1712 RIVERBIRCH HOLLOW
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE T/D
NAME PARRY, SANDRA L
STREET ADDRESS 1714 RIVERBIRCH HOLLOW
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

U000000680680
04/04/07-80010-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Sandra L. Parry* Sandra L. Parry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07

Date

850-656-7231

Daytime Phone #