2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# N50863

Entity Name: SWEETWATER OAKS GARDEN CLUB, INC.

Current Principal Place of Business:

810 FOX VALLEY DRIVE
LONGWOOD, FL 32791

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 915233
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 59-3146761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILCOX, LYNN
P.O. BOX 915233
LONGWOOD, FL 32791 US

Name and Address of New Registered Agent:

LASHLEY, GAYLE
P.O. BOX 915233
LONGWOOD, FL 32791 US

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.

SIGNATURE: GAYLE LASHLEY 04/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MULVANEY, TRACEY
Address: 461 WILD OAK CIR
City-St-Zip: LONGWOOD, FL 32779

Title: TR ( ) Delete
Name: WILCOX, LYNN
Address: 3197 IHRIG LN
City-St-Zip: EUSTIS, FL 32779

Title: SD (X) Delete
Name: CLAY, MARY
Address: 787 SWAYING PALM DR
City-St-Zip: APOPKA, FL 32712

Title: T (X) Delete
Name: LANE, SHARON
Address: 2515 SWEETWATER CC DR
City-St-Zip: APOPKA, FL 32712

Title: V (X) Delete
Name: NICHOLS, MARILYN
Address: 1790 IMPERIAL PALM DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: JAMES, PAT
Address: 2657 ORCHARD DR.
City-St-Zip: APOPKA, FL 32712-341

Title: TR (X) Change ( ) Addition
Name: LASLEY, GAYLE
Address: 2633 ORCHARD DR.
City-St-Zip: APOPKA, FL 32712-341

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLE LASHLEY T 04/06/2006
Electronic Signature of Signing Officer or Director Date