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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000773 (2)**

1. Corporation Name

HOMEOWNERS ASSOCIATION OF SWEETWATER GOLF & TENN IS CLUB WEST, IN.

Principal Place of Business	Mailing Address
US HWY 17-92 HAINES CITY FL 33844	PO BOX 1014 LAKE ALFRED FL 33850 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1993
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-3174708 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

9. Name and Address of Current Registered Agent

COLLING, LEE J
20 N ORANGE AVE
SUITE 700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☑ Change ☐ Addition
NAME	BUTTRICK, LEWIS	12 NAME	CRABTREE, WESLEY
STREET ADDRESS	52 STRAPHMORE	13 STREET ADDRESS	18 EDINBURGH
CITY-ST-ZIP	HAINES CITY FL	14 CITY-ST-ZIP	HAINES CITY FL
TITLE	V	21 TITLE	V ☑ Change ☐ Addition
NAME	BAUER, WILLIAM	22 NAME	ALLEN, RICHARD
STREET ADDRESS	326 VICTORIA	23 STREET ADDRESS	87 STRAPHMORE
CITY-ST-ZIP	HAINES CITY FL	24 CITY-ST-ZIP	HAINES CITY, FL
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WELLS, RAYMOND	32 NAME	900001485559
STREET ADDRESS	182 DARTMOUTH	33 STREET ADDRESS	-05/12/95--01039--007
CITY-ST-ZIP	HAINES CITY FL	34 CITY-ST-ZIP	****130.00 ****130.00
TITLE	S	41 TITLE	S ☑ Change ☐ Addition
NAME	DENNETT, JO ANN	42 NAME	HILL, WALTER
STREET ADDRESS	19 EDINBURGH	43 STREET ADDRESS	154 VICTORIA
CITY-ST-ZIP	HAINES CITY FL	44 CITY-ST-ZIP	HAINES CITY, FL
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	ALLEN, RICHARD	52 NAME	HARRISON, ELVIRA
STREET ADDRESS	87 STRAPHMORE	53 STREET ADDRESS	131 VICTORIA
CITY-ST-ZIP	HAINES CITY FL	54 CITY-ST-ZIP	HAINES CITY, FL
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BRAY, JIM	62 NAME	
STREET ADDRESS	330 MELBOURN	63 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard D. Allen 04-20-95 (813)956-2400
SIGNATURE AND TYPED OR PRINTED NAME OF BONING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD D. ALLEN

0067833