FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 31 PM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001707 (9)

1. Corporation Name

SWEETFIELD FOREST HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1046 MONTICELLO FL 32345	P.O. BOX 1046 MONTICELLO FL 32345

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1993
3a. Date of Last Report: 07/29/1994
4. FEI Number: ~~APPLIED FOR~~ 59-3316157 ☐ Applied For ☐ Not Applicable
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: County 25:
Zip 29: County 30:
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 § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~HARVEY, CHARLES B JR~~
~~1018 THOMASVILLE ROAD~~
~~SUITE 104~~
~~TALLAHASSEE FL 32302-0785~~

10. Name and Address of New Registered Agent

81 Name: Hubert Williams
82 Street Address (P.O. Box Number is Not Acceptable): Rt 4 Box 4608 (Sweetfield Ln)
83:
84 City: MONTICELLO FL 85 Zip Code: 32344

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: Hubert Williams (Signature, typed or printed name of registered agent and the # applicable) (NOTE: Registered Agent signature required when adding or reinstating) 4/13/95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS HUBERT	12 NAME	
STREET ADDRESS	RT. 4 BOX 4608	13 STREET ADDRESS	
CITY ST ZIP	MONTOCELLO FL 32344	14 CITY ST ZIP	000001504230
TITLE	TD	21 TITLE	-06/02/95--01020-013 Addition
NAME	WILSON CHARLES B.	22 NAME	****130.00 ****130.00
STREET ADDRESS	RT. 4 BOX 4615	23 STREET ADDRESS	
CITY ST ZIP	MONTICELLO FL 32344	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	LAMB TWILA	32 NAME	
STREET ADDRESS	RT. 4 BOX 4609	33 STREET ADDRESS	
CITY ST ZIP	MONTICELLO FL 32344	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	CH

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: Hubert Williams PRES, Dennis 5/13/95 904-997-5794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000111