

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000005455 (1)

1. Corporation Name

SWEETWATER VILLAS PROPERTY OWNERS ASSOCIATION, I  
NC.



Principal Place of Business

Mailing Address

5005 SEAGRASS DRIVE  
VENICE FL 34293

899 WOODBRIDGE DR.  
VENICE FL 34293

3. Date Incorporated or Qualified  
12/03/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 4141 Springdale Cir

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Venice, FL

28

Zip

Country

Zip

Country

24 34293

25 Sarasota

29

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADVANCED MANAGEMENT, INC.  
899 WOODBRIDGE DR.  
VENICE FL 34293

81 Name

Jessica E. Douglass - AMI

82 Street Address (P.O. Box Number is Not Acceptable)

899 Woodbridge Dr

83

84 City

Venice

FL

85 Zip Code

34293

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Jessica E. Douglass - Agent

Jessica E. Douglass

5-10-96

Signature, typed or printed name of registered agent and title if applicable

(If not the registered agent, signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE  
NAME BISHOP, BRAD  
STREET ADDRESS 12077 S.W. KINGSWAY CIRCLE  
CITY-STATE-ZIP LAKE SUZY FL 33821

1.1 TITLE President PT ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE VPSD ☒ DELETE  
NAME DELANEY, ALEXANDRA  
STREET ADDRESS 825 HARBOR DRIVE SOUTH  
CITY-STATE-ZIP VENICE FL 34285

2.1 TITLE Secretary ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE D ☒ DELETE  
NAME STRAZIS, PHILLIP  
STREET ADDRESS 5005 SEAGRASS DR.  
CITY-STATE-ZIP VENICE FL 34293

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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)(k), 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; 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 in the block with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)