

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90111 002 \*\*\*\*61.25

<b>DOCUMENT # N95000006050</b> 1. Entity Name <b>SWEETWATER CREEK SOUTH HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <del>920 THIRD ST</del> <del>STE B</del> <del>NEPTUNE BEACH, FL 32266 US</del>		Mailing Address <del>920 THIRD ST</del> <del>STE B</del> <del>NEPTUNE BEACH, FL 32266 US</del>	
2. Principal Place of Business <b>SIGNATURE REALTY &amp; MGMT</b> Suite, Apt. #, etc. <b>4003 HARTLEY ROAD</b> City & State <b>JACKSONVILLE, FL</b> Zip <b>32257</b> Country <b>DUVAL</b>		3. Mailing Address <b>SIGNATURE REALTY &amp; MGMT</b> Suite, Apt. #, etc. <b>4003 HARTLEY RD.</b> City & State <b>JACKSONVILLE, FL</b> Zip <b>32257</b> Country <b>DUVAL</b>	
4. FEI Number <b>59-3360392</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>WALLACE, L DENISE</del> <del>920 THIRD ST</del> <del>STE B</del> <del>NEPTUNE BEACH, FL 32266</del>		7. Name and Address of New Registered Agent Name <b>BRYAN K. CANTRELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>SIGNATURE REALTY &amp; MANAGEMENT, INC.</b> <b>4003 HARTLEY ROAD</b> City <b>JACKSONVILLE, FL</b> Zip Code <b>32257</b>	
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 <u><i>Bryan K. Cantrell</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>4/17/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOWLES, MARK A 11714 DANIER CREEK DR. JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MULHOLLAND, DAVID 5333 LIBERTY LAKE DR. S. JACKSONVILLE, FL 32258 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYSINGER, HARRY P 12087 LAKE FERN DRIVE JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOLLY BLAYDES 5248 LIBERTY LAKE DR. JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUL BELL 4487 FROST LAKE DR. JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>HARRY P. LYSINGER</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/11/06</u> DAYTIME PHONE # <u>904-268-0035</u>	