


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # N95000006050</b><br>1. Entity Name<br><b>SWEETWATER CREEK SOUTH HOMEOWNERS ASSOCIATION, INC.</b>  |  |  |  |                                       |  |
| Principal Place of Business<br><b>SIGNATURE REALTY &amp; MANAGEMENT<br/>4003 HARTLEY RD<br/>JACKSONVILLE FL 32257<br/>US</b>  |  | Mailing Address<br><b>SIGNATURE REALTY &amp; MANAGEMENT<br/>4003 HARTLEY RD<br/>JACKSONVILLE FL 32257<br/>US</b> |  |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |  |
| City & State<br><br>Zip      Country  |  | City & State<br><br>Zip      Country   |  |  |  |
| 4. FEI Number<br><b>59-3360392</b>  |  |  |  | Applied For<br><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<br><br><b>CANTRELL, BRYAN R<br/>SIGNATURE REALTY &amp; MANAGEMENT<br/>4003 HARTLEY RD<br/>JACKSONVILLE FL 32257</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____  |  |  |  |  |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</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>  |  |  |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <b>D<br/>LYSINGER, HARRY P<br/>12087 LAKE FERN DRIVE<br/>JACKSONVILLE FL 32258</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>1000000874956<br/>03/29/07-80088-015 61.25</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <b>TD<br/>BLAYDES, DOLLY<br/>5248 LIBERTY LAKES DR<br/>JACKSONVILLE FL 32258</b> <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <b>SD<br/>BELL, PAUL<br/>4487 FRONT LAKE DR<br/>JACKSONVILLE FL 32258</b> <input type="checkbox"/> Delete          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **HARRY P. LYSINGER** 2-2-07 (904) 268-0035