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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **N96000000653 (3)**

1. Corporation Name

SWEETWATER ~~CONDOMINIUM~~ COMMUNITY, INC.
NC 2-27-98

Principal Place of Business	Mailing Address
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	P.O. BOX 505 LAKE ALFRED FL 33850 US

3. Date Incorporated or Qualified: 02/12/1996

4. FEI Number: 59-3371524 ☐ 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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 4635 US HWY 17/92 WEST	26 2180 WEST SR 434
22 Suite, Apt. #, etc.	27 SUITE 5000
23 City & State: HAINES CITY FL	28 City & State: LONGWOOD FL
24 Zip: 33844 25 Country: US	29 Zip: 32779 30 Country: US

9. Name and Address of Current Registered Agent

HART, JAMES W
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779-5044

10. Name and Address of New Registered Agent

81 Name: LEE JAY COLLING
82 Street Address (P.O. Box Number is Not Acceptable): 500 N. MAITLAND AVE
83 Suite #500
84 City: MAITLAND FL 85 Zip Code: 32751

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: Lee Jay Colling — LEE JAY COLLING — 2-23-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	ALLEN, RICHARD D		1.2 NAME	ARLENE M. NICKENS	
STREET ADDRESS	87 STRAPHMORE DR.		1.3 STREET ADDRESS	116 VICTORIA DRIVE	
CITY-ST-ZIP	HAINES CITY FL 33844		1.4 CITY-ST-ZIP	HAINES CITY, FL. 33844	
TITLE	DV	☒ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	WESLEY CRABTREE		2.2 NAME	ELVIRA W. HARRISON	
STREET ADDRESS	18 EDINBURGH DR.		2.3 STREET ADDRESS	131 VICTORIA DRIVE	
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP	HAINES CITY, FL. 33844	
TITLE	DS	☒ DELETE	3.1 TITLE	DS	☐ Change ☒ Addition
NAME	ARLENE NICKENS		3.2 NAME	VIVIAN WELLS	
STREET ADDRESS	116 VICTORIA DR.		3.3 STREET ADDRESS	182 DARTMOUTH DRIVE	
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP	HAINES CITY, FL. 33844	
TITLE	DT	☐ DELETE	4.1 TITLE	100002482721	☐ Change ☐ Addition
NAME	CLIFFORD JACKMAN		4.2 NAME	-04/08/98--01035--033	
STREET ADDRESS	159 TOWNBRIDGE		4.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WALT HILL		5.2 NAME	HERBERT R. ROWE	
STREET ADDRESS	154 VICOTORIA DR.		5.3 STREET ADDRESS	269 DARTMOUTH DRIVE	
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP	HAINES CITY, FL. 33844	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ROBERT DONKER		6.2 NAME	ARNE ERIKSEN	PE 4.7
STREET ADDRESS	82 STRAPHMORE		6.3 STREET ADDRESS	55 STRAPHMORE DRIVE	
CITY-ST-ZIP	HAINES CITY FL		6.4 CITY-ST-ZIP	HAINES CITY, FL. 33844	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Arlene M. Nickens — ARLENE M. NICKENS — 2-24-98