2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
03-27-2001 90016 020 ****61.25

DOCUMENT # N96000000653

1. Entity Name

SWEETWATER COMMUNITY, INC.

Principal Place of Business	Mailing Address
4635 US HWY 17/92 WEST HAINES CITY FL 33844 US	4635 US HWY 17/92 WEST HAINES CITY FL 33844 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3174708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLING, LEE JAY 500 NORTH MAITLAND AVENUE SUITE 500 MAITLAND FL 32751	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VALERIAY, JOHN 8 EDINBURGH DR HAINES CITY FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DON GREENE 130 Victoria Dr.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WELLS, VIVIAN 182 DARTMOUTH DRIVE HAINES CITY FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEON FELIX, JR. 308 Townbridge Dr.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NICKENS, ARLENE M 116 VICTORIA DR. HAINES CITY FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACK ROBINSON 405 Dartmouth Dr.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COVELLI, BOB 282 DARTMOUTH DR HAINES CITY FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN AMSTUTZ 340 Victoria Dr.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLEN, RICHARD 320 MELBOURNE DR HAINES CITY FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELEN PAGELS 29 Edinburgh Dr.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AMSTUTZ, JOHN 340 VICTORIA DR HAINES CITY FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ED RICHARDSON 35 Edinburgh Dr.	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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 SIGNATURE REQUIRED President March 20. 2001 863/956-3822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOHN VALERIAY