2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 AM
Secretary of State

DOCUMENT# N96000000653

Entity Name: SWEETWATER COMMUNITY, INC.

Current Principal Place of Business:

4635 US HWY 17/92 WEST
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

4635 US HWY 17/92 WEST
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-3174708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLING, LEE JAY
500 NORTH MAITLAND AVENUE
SUITE 500
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GREENE, DON
Address: 130 VICTORIA DR
City-St-Zip: HAINES CITY, FL 33844

Title: SD ( ) Delete
Name: FELIX, LEON JR
Address: 308 TOWNBRIDGE DR
City-St-Zip: HAINES CITY, FL 33844

Title: TD ( ) Delete
Name: ROBINSON, JACK
Address: 405 DARTMOUTH DR
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: AMSTUTZ, JOHN
Address: 340 VICTORIA DR
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: PAGELS, HELEN
Address: 29 EDINBURGH DR
City-St-Zip: HAINES CITY, FL 33844

Title: VD ( ) Delete
Name: AMSTUTZ, JOHN
Address: 340 VICTORIA DR
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: FELIX, LEON JR
Address: 308 TOWNBRIDGE DR
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Change ( ) Addition
Name: ROBINSON, JACK
Address: 405 DARTMOUTH DR
City-St-Zip: HAINES CITY, FL 33844

Title: TD (X) Change ( ) Addition
Name: AMSTUTZ, JOHN
Address: 340 VICTORIA DR
City-St-Zip: HAINES CITY, FL 33844

Title: VD (X) Change ( ) Addition
Name: MEAD, HAROLD
Address: 137 VICTORIA
City-St-Zip: HAINES CITY, FL 33844

Title: SD (X) Change ( ) Addition
Name: SALLIE, BLACKWELL
Address: 312 TOWNBRIDGE
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD RICHARDSON PD 05/16/2002

Electronic Signature of Signing Officer or Director — Date