2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State
02-23-2004 90035 002 ****61.25

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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

02162004 Chg-NP CR2E037 (10/03)

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
MCCLENDON, JAY ESQ 240 PARK AVE LAKE WALES, FL 33859	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NORLING, LLOYD 337 VICTORIA DR HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Robert Van Gessel 150 Victoria Drive Haines City, Fl 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FELIX, LEON JR 308 TOWNBRIDGE DR HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, WALT 154 VICTORIA DR HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Hill, Walt 154 Victoria Dr Haines City, Fl 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITCHELL, DEREK 84 STRAPMORE HAINES CITY, FL 33844	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MEAD, HAROLD 137 VICTORIA HAINES CITY, FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Robert Wilson 42 Leopold Haines City, Fl 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SALLIE, BLACKWELL 312 TOWNBRIDGE HAINES CITY, FL 33844	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD A. Carolyn Amstutz 340 Victoria Dr. Haines City Fl 33844	☐ Change ☒ Addition

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: Robert Wilson 2-18-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert Wilson