


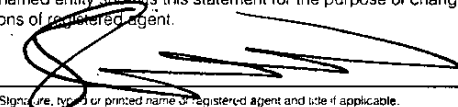
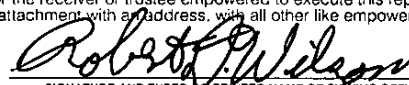
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90144 016 ****70.00

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DOCUMENT # N96000000653					
1. Entity Name SWEETWATER COMMUNITY, INC.					
Principal Place of Business 4635 US HWY 17/92 WEST HAINES CITY, FL 33844 US			Mailing Address 4635 US HWY 17/92 WEST HAINES CITY, FL 33844 US		
2. Principal Place of Business		3. Mailing Address		02172005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3174708	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCLENDON, JAY ESQ 240 PARK AVE LAKE WALES, FL 33859				Name: Peterson; Myers, Stephen R. Senn, Esq. Street Address (P.O. Box Number is Not Acceptable) 225 E. Lemon St. Suite 300 City: Lakeland, FL Zip Code: 33801	
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:  Stephen R. Senn February 18, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NORLING, LLOYD		NAME		
STREET ADDRESS	337 VICTORIA DR		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELIX, LEON JR		NAME	Swayze, Janet	
STREET ADDRESS	308 TOWNBRIDGE DR		STREET ADDRESS	325 Victoria Drive	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, Fl 33844	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, WALT		NAME	Gilbert, Ben	
STREET ADDRESS	154 VICTORIA DR		STREET ADDRESS	107 Leopold Lane	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, Fl 33844	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MITCHELL, DEREK		NAME	Spaulding, Lucille	
STREET ADDRESS	84 STRAPMORE		STREET ADDRESS	200 York Cottage	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, Fl 33844	
TITLE	V	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, ROBERT		NAME	Wilson, Robert	
STREET ADDRESS	421 LEOPOLD		STREET ADDRESS	42 Leopold Lane	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, Fl 33844	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANSTUTZ, A. CAROLYN		NAME	Amstutz, A. Carolyn	
STREET ADDRESS	340 VICTORIA DR.		STREET ADDRESS	340 Victoria Dr.	
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP	Haines City, Fl 33844	
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: 				2/17/05 863-956-3822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	