2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007
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 (X)**

Name and Address of Current Registered Agent:

SENN, STEPHEN R ESQ
225 E LEMON ST
SUITE 300
LAKELAND, FL 33801 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: P ( ) Delete
Name: MULLIN, FREDRICK L
Address: 164 TOWNBRIDGE DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: VP ( ) Delete
Name: MCNAMARA, CLETUS J
Address: 3 EDINBURGH DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: T ( ) Delete
Name: PALM, CHARLES E
Address: 37 EDINBURGH DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: S ( ) Delete
Name: SWAYZE, JANET E
Address: 325 VICTORIA DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: SPAULDING, LUCILLE T
Address: 200 YORK COTTAGE
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Delete
Name: GILBERT, BEN F
Address: 107 LEOPOLD LANE
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MULLIN, FREDERICK L
Address: 164 TOWNBRIDGE DRIVE
City-St-Zip: HAINES CITY, FL 33844

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

Title: T (X) Change ( ) Addition
Name: JACKMAN, CLIFFORD
Address: 159 TOWNBRIDGE DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: S (X) Change ( ) Addition
Name: EWING, KYLE W
Address: 113 VICTORIA DRIVE
City-St-Zip: HAINES CITY, FL 33844

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FREDERICK L. MULLIN PRES 03/20/2007

Electronic Signature of Signing Officer or Director — Date