**FILE NOW: FILING FEE IS $61.25**

# NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**May 06, 1999 8:00 am**
**Secretary of State**
05-06-1999 90181 025 ****61.25

DOCUMENT # N96000001064

1. Corporation Name
SWEETBRIAR HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1730 Kingsley Ave.<br>Suite E<br>Orange Park, Fl 32073 | 1730 Kingsley Ave.<br>Suite E<br>Orange Park, FL 32073 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 9471 Baymeadows Rd. | 26 9471 Baymeadows Rd. | 2/27/96 |
| Suite, Apt. #, etc.<br>22 Suite 404 | Suite, Apt. #, etc.<br>27 Suite 404 | 4. FEI Number 59-3367650 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 Jacksonville, FL | City & State<br>28 Jacksonville, FL | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 32256 Country 25 Duval | Zip 29 32256 Country 30 Duval | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| Wood, James R.<br>1730 Kingsley Avenue<br>Suite E<br>Orange Park, FL 32073 | 81 Name: L. Denise Wallace<br>82 Street Address (P.O. Box Number is Not Acceptable): 9471 Baymeadows Road,<br>83 Suite 404<br>84 City: Jacksonville FL 85 Zip Code: 32256 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE L. Denise Wallace Agent 4/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WOOD, JAMES R<br>1730 Kingsley Ave, Suite E<br>Orange Park, FL 32073 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>E. Chester Stokes, Jr.<br>9551-4 Baymeadows Road<br>Jacksonville, FL 32256 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Sandy Leigh<br>9471 Baymeadows Road, Ste 403<br>Jacksonville, FL 32256 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sandy Leigh Director 4-22-99 (904) 264-6553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #