2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90897 044 ****61.25

DOCUMENT # N96000001064

1. Entity Name

SWEETBRIAR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
920 THIRD ST STE B NEPTUNE BEACH FL 32266 US	920 THIRD ST STE B NEPTUNE BEACH FL 32266 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6028 CHESTER AVE	P.O. BOX 57911
Suite, Apt. #, etc.: # 202	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32217 Country: U.S.A	Zip: 32241 Country: USA

4. FEI Number: 59-3367650 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WALLACE, L. DENISE
920 THIRD ST
STE B
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name: PATRIC R. PENN
Street Address (P.O. Box Number is Not Acceptable): 6028 CHESTER AVE # 202
City: JACKSONVILLE FL Zip Code: 32217

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.

SIGNATURE: PATRIC R. PENN 3/21/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REAGAN, DAVID 3669 MORNING MEADOW LANE ORANGE PARK FL 32073	☐ Delete	D SWANSON, GARLAND 3737 WOODBRIAR DR. ORANGE PARK, FL 32073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BULMER, BOB 3941 HEAVENSIDE COURT ORANGE PARK FL 32073	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD RAS, ANTONIO 569 FALLEN TIMBERS DRIVE ORANGE PARK FL 32073	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BROOK, BLAKE 577 FALLEN TIMBERS DR. S ORANGE PARK FL 32073	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARROLL, JOAN 3945 HEAVENSIDE COURT ORANGE PARK FL 32073	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: REQUIRED BOB BULMER 3-25-02 904-260-9183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #