2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 8:00 am
Secretary of State
06-09-2005 90002 014 ****61.25

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1. Entity Name
SWEETBRIAR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6028 CHESTER AVENUE 202 JACKSONVILLE, FL 32217 US	PO BOX 57911 JACKSONVILLE, FL 32241 US

05022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
ONE SAN JOSE PL	
Suite, Apt. #, etc. 14 E	Suite, Apt. #, etc.
City & State JACKSONVILLE FL	City & State
Zip 32257 Country USA	Zip Country

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	7. Name and Address of New Registered Agent
PENN, PATRIC R 6028 CHESTER AVENUE 202 JACKSONVILLE, FL 32217	Name PENN, PATRIC R. Street Address (P.O. Box Number is Not Acceptable) ONE SAN JOSE PL 14 E City JACKSONVILLE FL Zip Code 32257

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 _____ PATRIC R. PENN 5/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 7, 2005

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	TD BEISLER, JONATHAN 561 THORNBERRY RD ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, P. KIRKEBY, JUNE 605 THORNBERRY RD. ORANGE PARK, FL 32073	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BULMER, BOB 3941 HEAVENSIDE COURT ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DIMAGIO, FRANK 3672 MORNING MEADOW LN. ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWANSON, GARLAND 3737 WOODBRIAR DR ORANGE PARK, FL 32073	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BUFORD, CHELLA 450 RED FERN CT. ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, ROBERTA 3684 MORNING MEADOW LN ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ BOB BULMER 6/7/05 904-260-9183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #