

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90265 043 ****61.25

DOCUMENT # N96000001064

1. Entity Name
SWEETBRIAR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**6028 CHESTER AVENUE 202
JACKSONVILLE FL 32217
US**

Mailing Address

**PO BOX 57911
JACKSONVILLE FL 32241
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3367650**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PENN, PATRIC R
6028 CHESTER AVENUE 202
JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

TITLE	TD	☐ Delete
NAME	REAGAN, DAVID	
STREET ADDRESS	3669 MORNING MEADOW LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	PD	☐ Delete
NAME	BULMER, BOB	
STREET ADDRESS	3941 HEAVENSIDE COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SD	☐ Delete
NAME	CARROLL, JOAN	
STREET ADDRESS	3945 HEAVENSIDE COURT	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	☐ Delete
NAME	SWANSON, GARLAND	
STREET ADDRESS	3737 WOODBRIAR DR	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: ROBERT BULMER DATE: 2/11/03 DAYTIME PHONE: 904-260-9183

CR2E037 (10/02)