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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

DITY-ST-ZIE

SIGNATURE:

N96000003235 (6)

Mailing Address

SWEETWATER WEST PROPERTY OWNERS ASSOCIATION, INC

appears in Block 12 or Bjock 13 if changed, or on an attachment with an address

301 TOWNBRIDGE DRIVE 301 TOWNBRIDGE DRIVE HAINES CITY FL 33844-6224 HAINES CITY FL 33804 3. Date Incorporated or Qualified 06/17/1996 3a. Date of Last Report 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Applied for! 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032, FIORIDA Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MARTIN, STEPHEN M O. Box Number is Not SOUTH T 82 259 RAMSGATE WAY 83 HAINES CITY FL 33804 LAKELAND 84 3380Q LAKELAND 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. KHARD KGNDREW - PRESIGNT-APRIL 24, 1997 SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 D VILL PRESIDENT RICHARD KENDREW Change DELETE 1.1 TITLE DITLE Drevian **BALONIS, JOSEPH** 1.2 NAME 351 TOWNBRIDGE DRIVE NAME PRESIDENT 259 RAMSGATE WAY HAINES CITY, FIDEIDA 83544 1.3 STREET ADDRESS STREET ADDRESS HAINES CITY FL 33844 DITY-ST-ZIP 1.4 CITY - ST - ZIP JAMES BOEMER Change Addition 2.1 TITLE TITLE HARLOW, GORDON F NAME 2.2 NAME 313 TOWNBRIDGE DRIVE DIRECTUL 44 LEOPOLD LANE 2.3 STREET ADDRESS STREET ADDRESS HAINES CITY, FloriDA 33844 HAINES CITY FL 33844 2.4 CITY-ST-ZIP City-St-7IP DELETE Addition 3.1 TITLE THEF TOM ELWOOD KAMPMEYER, REGIS R 3.2 NAME Deive NAME 28 EDIN Bourgh DIRECTOR 338 VICTORIA DRIVE 3.3 STREET ADDRESS STREET ADDRESS HAINES CITY, Florian 33844 HAINES CITY FL 33844 3.4. CITY-ST-ZIP CITY - ST - 7(P Addition DELETE 4.1 TITLE ☐ Change TITLE MEL ARFT KING, AUDREY P TRRASULE NAME 4. 2 NAME 132 VICTORIA DRIVE DIRECTUR **402 DARTMOUTH DRIVE** 4.3 STREET ADDRESS STREET ADDRESS HAINES CITY, FLORIDA 33844 HAINES CITY FL 33844 4.4 CITY-ST-ZIP CITY - ST - ZIP Addition 5.1 TITLE Change TITLE LARRISON, GEORGE H NAME 5.2 NAME 102 NEW CASTLE BOULEVARD **5.3 STREET ADDRESS** STREET ADDRESS HAINES CITY FL 33844 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 6.1 TITLE SECRETARY MCGUIRE, CAROLE A NAME 6.2 NAME 385 TOWNBRIDGE DRIVE **6.3 STREET ADDRESS** STREET ADDRESS HAINES CITY FL 33804 6.4 CITY - ST - ZIP

14. I do 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

RICHARD KENDREW-PRES. APRIL 24, 1997

FILED May 01 1997 8:00am Secretary of State

