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FILED  
Jul 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003235 (6)

1. Corporation Name

SWEETWATER WEST PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business	Mailing Address
P O BOX 1235 LAKE ALFRED FL 33850 US	P O BOX 1235 LAKE ALFRED FL 33850 US

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

~~340000000000000000~~

Applied For

☒ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROIANO & ROBERTS PA  
317 S TENNESSE AVE  
LAKELAND FL 33802

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DW PRESIDENT
STREET ADDRESS	KENDREW, RICHARD
CITY-ST-ZIP	381 TOWNBRIDGE DR HAINES CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	DIRECTOR
STREET ADDRESS	BOEMER, JAMES
CITY-ST-ZIP	313 TOWNBRIDGE DR HAINES CITY FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D
STREET ADDRESS	ELWOOD, TOM
CITY-ST-ZIP	28 EDINBOUGH DR HAINES CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	BT TREASURE
STREET ADDRESS	KING, AUDREY P
CITY-ST-ZIP	402 DARTMOUTH DRIVE HAINES CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	DIRECTOR
STREET ADDRESS	ARFT, MEL
CITY-ST-ZIP	132 VICTORIA DR HAINES CITY FL
TITLE	<input type="checkbox"/> DELETE
NAME	SECRETARY
STREET ADDRESS	MCGUIRE, CAROLE A
CITY-ST-ZIP	385 TOWNBRIDGE DRIVE HAINES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jim Balonis VICE PRESIDENT
1.3 STREET ADDRESS	259 Ramsgate Way
1.4 CITY-ST-ZIP	Haines City, FL 33844
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arthur E. Clark - DIRECTOR
2.3 STREET ADDRESS	311 Townbridge Dr.
2.4 CITY-ST-ZIP	Haines City, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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.

SIGNATURE:

Richard E. Kershner

CR2E037 (10/97)