FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

03-10-1999 90202 028 ****61.25
N96000003235

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N96000003235

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

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified
06/17/1996

4. FEI Number ~~59-3518082~~ ~~NOT APPLICABLE~~ ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

TROIANO & ROBERTS PA
317 S TENNESSE AVE
LAKELAND FL 33802

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12 OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP PRESIDENT	☐ DELETE	1.1 TITLE	BUD CLARK - DIRECTOR	☐ Change ☑ Addition
NAME	KENDREW, RICHARD		1.2 NAME		
STREET ADDRESS	381 TOWNBRIDGE DR		1.3 STREET ADDRESS	311 TOWNBRIDGE DR.	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	Haines City FL 33844	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOEMER, JAMES		2.2 NAME		
STREET ADDRESS	313 TOWNBRIDGE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BELONIS, JIM		3.2 NAME		
STREET ADDRESS	259 RAMSGATE WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES FL 33844		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KING, AUDREY P		4.2 NAME		
STREET ADDRESS	402 DARTMOUTH DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARFT, MEL		5.2 NAME		
STREET ADDRESS	132 VICTORIA DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCGUIRE, CAROLE A		6.2 NAME		
STREET ADDRESS	385 TOWNBRIDGE DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 8/18/99 941-956-5350
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Carole A McGuire (DS)