

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90461 044 ****61.25

0066764

DOCUMENT # N96000003235

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3518082

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TROIANO & ROBERTS PA
 317 S TENNESSE AVE
 LAKELAND FL 33802**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DPV
 KENDREW, RICHARD
 381 TOWNBRIDGE DR
 HAINES CITY FL** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CLARK, ARTHUR, DIRECTOR
 311 TOWNBRIDGE
 HAINES CITY FL 33844** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BOEMER, JAMES
 313 TOWNBRIDGE DR
 HAINES CITY FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SECRETARY
 SHIRLEY SEROKA
 173 DARTMOUTH DR
 HAINES CITY FL 33844** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VP
 BELONIS, JIM
 259 RAMSGATE WAY
 HAINES FL 33844** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DT
 KING, AUDREY P
 402 DARTMOUTH DRIVE
 HAINES CITY FL** ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 ARFT, MEL
 132 VICTORIA DR
 HAINES CITY FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VICE PRESIDENT ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DS
 MCGUIRE, CAROLE A
 385 TOWNBRIDGE DRIVE
 HAINES CITY FL** ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED
3/10/01 863-956-5556
KING, Treasurer

CR2E037 (10/00)