

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003235

1. Entity Name

SWEETWATER WEST PROPERTY OWNERS ASSOCIATION, INC

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90045 036 \*\*\*\*61.25

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	D	CLARK, ARTHUR	<input type="checkbox"/> Delete
NAME		311 TOWN BRIDGE	
STREET ADDRESS		HAINES CITY FL 33844	
CITY-ST-ZIP			
TITLE	D	BOEMER, JAMES	<input checked="" type="checkbox"/> Delete
NAME		313 TOWNBRIDGE DR	
STREET ADDRESS		HAINES CITY FL	
CITY-ST-ZIP			
TITLE	P	BELONIS, JIM	<input checked="" type="checkbox"/> Delete
NAME		259 RAMSGATE WAY	
STREET ADDRESS		HAINES FL 33844	
CITY-ST-ZIP			
TITLE	DT	KING, AUDREY P	<input type="checkbox"/> Delete
NAME		402 DARTMOUTH DRIVE	
STREET ADDRESS		HAINES CITY FL	
CITY-ST-ZIP			
TITLE	VP	ARFT, MEL	<input checked="" type="checkbox"/> Delete
NAME		132 VICTORIA DR	
STREET ADDRESS		HAINES CITY FL	
CITY-ST-ZIP			
TITLE	S	BEROKA, SHIRLEY	<input type="checkbox"/> Delete
NAME		173 DARTMOUTH DRIVE	
STREET ADDRESS		HAINES CITY FL 33844	
CITY-ST-ZIP			

TITLE	V/D	CLARK, ARTHUR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		311 TOWNBRIDGE DR.	
STREET ADDRESS		HAINES CITY, FL 33844	
CITY-ST-ZIP			
TITLE	D	DREW, REG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		287 DARTMOUTH DR.	
STREET ADDRESS		HAINES CITY, FL 33844	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	P/D	ARFT, MEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		132 VICTORIA DR.	
STREET ADDRESS		HAINES CITY, FL 33844	
CITY-ST-ZIP			
TITLE	S/D	SEROKA, SHIRLEY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		173 DARTMOUTH DR.	
STREET ADDRESS		HAINES CITY, FL 33844	
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:

*Shirley Seroka* SHIRLEY SEROKA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/02 863-295-5955

CR2E037 (9/01)