


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90005 050 ****61.25

DOCUMENT # N96000005122 1. Entity Name SWEETWATER CREEK NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 2884 SOUTH OSCEOLA AVE ORLANDO, FL 32806			Mailing Address 2884 SOUTH OSCEOLA AVE ORLANDO, FL 32806		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3433784	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FERDINANDSEN ENTERPRISES, INC.				Name	
2884 S. OSCEOLA AVE.				Street Address (P.O. Box Number is Not Acceptable)	
ORLANDO, FL 32806				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of <u>changing its</u> registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLUE, DONNA		NAME		
STREET ADDRESS	2362 SWEETWATER BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KUZIV, MARK		NAME		
STREET ADDRESS	2419 SWEETWATER BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKENNE, TOM		NAME		
STREET ADDRESS	2378 SWEETWATER BLVD		STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENICK, JUNE		NAME		
STREET ADDRESS	2303 GISELLE CT		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNNINGHAM, TIFFANY		NAME		
STREET ADDRESS	2303 GINA ANNE COURT		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAINES, RANDY		NAME		
STREET ADDRESS	2357 SWEETWATER BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT CLOUD, FL 34772		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>June G. Renick</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>3/17/07</u> <u>407-892-2293</u> Date Daytime Phone #		

June G. Renick