

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # N97000000097**

1. Entity Name

**SWEETWATER SHORES HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

**PO BOX 508  
WINTER PARK FL 32790**

Mailing Address

**PO BOX 508  
WINTER PARK FL 32790**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SEYBOLD, LOUIS R  
400 NORTH NEW YORK AVE.  
SUITE 108  
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **D SEYBOLD, LOUIS R**  
STREET ADDRESS **PO BOX 508 N/A**  
CITY-ST-ZIP **WINTER PARK FL 32790**

TITLE ☐ Delete  
NAME **D VICKERS, CHARLIE**  
STREET ADDRESS **PO BOX 508 N/A**  
CITY-ST-ZIP **WINTER PARK FL 32790**

TITLE ☐ Delete  
NAME **D HIERS SEYBOLD, NICOLE**  
STREET ADDRESS **PO BOX 508 N/A**  
CITY-ST-ZIP **WINTER PARK FL 32790**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **300074025499**  
CITY-ST-ZIP **05/05/06--01008--002 \*\*811.25**

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**LOUIS SEYBOLD**

**April 5, 2006**

FILED

06 MAY -1 AM 8:37

SECRET  
TALLAHASSEE, FLORIDA



1st MOORE

CR2E037 (10/05)

61.25

59-3425614

Applied For  
Not Applicable

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