## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000000097

FILED Apr 27, 2007 Secretary of State

Entity Name: SWEETWATER SHORES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 508 224 7TH STREET

WINTER PARK, FL 32790 PORT ST. JOE, FL 32456

Current Mailing Address: New Mailing Address:

PO BOX 508 224 7TH STREET

WINTER PARK, FL 32790 PORT ST. JOE, FL 32456

FEI Number: 59-3425614 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEYBOLD, LOUIS R

400 NORTH NEW YORK AVE.

SUITE 108

GULF COAST PROPERTY SERVICES
224 7TH STREET
PORT ST. JOE, FL 32456 US

SUITE 108 PORT ST. JOE, FL 32456 U WINTER PARK, FL 32789 US

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: JEREMY TM NOVAK 04/27/2007

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ( ) Delete Title: DP (X) Change ( ) Addition

Name: SEYBOLD, LOUIS R Name: ROBERTS, JAMES

Address: PO BOX 508 N/A Address: 194 SWEETWATER SHORES DRIVE

City-St-Zip: WINTER PARK, FL 32790 City-St-Zip: PORT ST. JOE, FL 32456

Title: D ( ) Delete Title: DV (X) Change ( ) Addition Name: VICKERS, CHARLIE Name: ALLEN, LESLIE

 Address:
 PO BOX 508 N/A
 Address:
 1807 SAGEWAY DRIVE

 City-St-Zip:
 WINTER PARK, FL 32790
 City-St-Zip:
 TALLAHASSEE, FL 32303

Title: D ( ) Delete Title: DST (X) Change ( ) Addition

 Name:
 HIERS SEYBOLD, NICOLE
 Name:
 MC CALLISTER, JOE

 Address:
 PO BOX 508 N/A
 Address:
 PO BOX 156 N/A

 City-St-Zip:
 WINTER PARK, FL 32790
 City-St-Zip:
 PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ROBERTS P 04/27/2007