

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000097

FILED  
Apr 18, 2008  
Secretary of State

**Entity Name:** SWEETWATER SHORES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

224 7TH STREET  
PORT ST. JOE, FL 32456

**New Mailing Address:**

**FEI Number:** 59-3425614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ROBERTS, JAMES  
Address: 194 SWEETWATER SHORES DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: DV ( ) Delete  
Name: ALLEN, LESLIE  
Address: 1807 SAGEWAY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DST ( ) Delete  
Name: MC CALLISTER, JOE  
Address: PO BOX 156 N/A  
City-St-Zip: PORT ST. JOE, FL 32456

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: THOMPSON, BONITA  
Address: 44 COUNTY ROAD 4040  
City-St-Zip: ARLEY, AL 35541

Title: DST (X) Change ( ) Addition  
Name: FRYE-ALLEN, LESLIE  
Address: 1807 SAGEWAY DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

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

DP

04/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date