

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000097

FILED
Jan 23, 2009
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:

209 7TH STREET
PORT ST. JOE, FL 32456

Current Mailing Address:

224 7TH STREET
PORT ST. JOE, FL 32456

New Mailing Address:

209 7TH STREET
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:

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

Name and Address of New Registered Agent:

GULF COAST PROPERTY SERVICES
209 7TH STREET
PORT ST. JOE, FL 32456 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:

01/23/2009

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: THOMPSON, BONITA
Address: 44 COUNTY ROAD 4040
City-St-Zip: ARLEY, AL 35541

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ROBERTS, JAMES
Address: 141 COMMERCE DRIVE
City-St-Zip: PORT ST. JOE, FL 32456

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

Title: D (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: S. NOVAK

CAM

01/23/2009

Electronic Signature of Signing Officer or Director

Date