

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 13, 2005 8:00 am
Secretary of State**

04-13-2005 90070 030 ****70.00

DOCUMENT # N98000002906		
1. Entity Name SPARKLING WATERS HOME OWNERS ASSOCIATION, INC.		

Principal Place of Business 552 SHIMMERING LANE MARY ESTHER, FL 32569	Mailing Address 552 SHIMMERING LANE MARY ESTHER, FL 32569
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAHAM, BARRY S 552 SHIMMERING LANE MARY ESTHER, FL 32569	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 

(NOTE: Registered Agent signature required when registering)

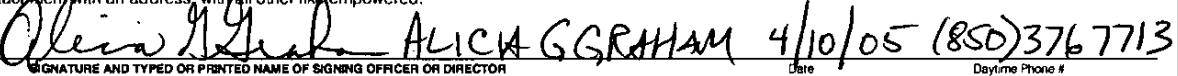
APRIL 10, 2005

DATE

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM, BARRY S 552 SHIMMERING LANE MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, BRANTLEY 582 RADIANT CIRCLE MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TOTTY, CHRISTINE 576 PARISH BLVD MARY ESTHER FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCKMAN, PEGGY 587 RADIANT CIRCLE MARY ESTHER, FL 32569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAHAM, ALICIA G 552 SHIMMERING LANE MARY ESTHER, FL 32569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD GRAHAM, ALICIA G 552 SHIMMERING LANE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINZER, CHIP 588 RADIANT CIRCLE LAUREL HILL, FL 32567	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #