

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032005

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-3570559

Applied For
Not Applicable

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

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

Barry S Graham

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

APRIL 10, 2005

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **GRAHAM, BARRY S**
STREET ADDRESS **552 SHIMMERING LANE**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

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

TITLE **VD** ☒ Delete
NAME **COOK, BRANTLEY**
STREET ADDRESS **582 RADIANT CIRCLE**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **VP** ☐ Change ☒ Addition
NAME **TOTTY, CHRISTINE**
STREET ADDRESS **576 PARISH BLVD**
CITY-ST-ZIP **MARY ESTHER FL 32569**

TITLE **SD** ☒ Delete
NAME **BROCKMAN, PEGGY**
STREET ADDRESS **587 RADIANT CIRCLE**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

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

TITLE **TD** ☐ Delete
NAME **GRAHAM, ALICIA G**
STREET ADDRESS **552 SHIMMERING LANE**
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE **S/T/D** ☒ Change ☐ Addition
NAME **GRAHAM, ALICIA G**
STREET ADDRESS **552 SHIMMERING LANE**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KINZER, CHIP**
STREET ADDRESS **588 RADIANT CIRCLE**
CITY-ST-ZIP **LAUREL HILL, FL 32567**

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

TITLE ☐ Delete
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 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:

Alicia G Graham **ALICIA G GRAHAM**

4/10/05 (850) 376 7713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #