

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90166 021 ***150.00

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1. Entity Name
SWEETWATER GOLF & COUNTRY CLUB, INC.



Principal Place of Business
405 DOUGLAS AVE.
SUITE 1955
ALTAMONTE, FL 32714 US

Mailing Address
PO BOX 917359
LONGWOOD, FL 32791 US

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3200213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUDGE, WALTER E.
405 DOUGLAS AVE SUITE 1955
SUITE 2001
ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	KAHN, JEROME B
STREET ADDRESS	2102 ROYAL FERN COURT
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	STD
NAME	JACONETTI, GEORGE W
STREET ADDRESS	733 W. STATE RD. 436, SUITE 2001
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	DP
NAME	JUDGE, WALTER E.
STREET ADDRESS	405 DOUGLAS AVE. SUITE 1955
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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 #

4-16-07