

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000653

Entity Name: SWEETWATER COMMUNITY, INC.**Current Principal Place of Business:**4635 US HWY 17/92 WEST
HAINES CITY, FL 33844**Current Mailing Address:**4635 US HWY 17/92 WEST
HAINES CITY, FL 33844 US**FEI Number:** 59-3174708**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SENN, STEPHEN RESQ
225 E LEMON ST
SUITE 300
LAKELAND, FL 33801 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	BEARFIELD, LARRY
Address	4635 US HWY 17/92 WEST
City-State-Zip:	HAINES CITY FL 33844

Title	VP
Name	JULIN, BRUCE
Address	4635 US HWY 17/92 WEST
City-State-Zip:	HAINES CITY FL 33844

Title	T
Name	JACKMAN, CLIFFORD
Address	4635 US HWY 17/92 WEST
City-State-Zip:	HAINES CITY FL 33844

Title	DIRECTOR
Name	GADE, STEPHEN
Address	4635 US HWY 17/92 WEST
City-State-Zip:	HAINES CITY FL 33844

Title	DIRECTOR
Name	MULLIN, FRED
Address	4635 US HWY 17/92 WEST
City-State-Zip:	HAINES CITY FL 33844

Title	D
Name	KAHN, MICHAEL
Address	4635 US HWY 17/92 WEST
City-State-Zip:	HAINES CITY FL 33844

Title	SECRETARY
Name	SWINDELLES, EDWARD
Address	4635 US HWY 17/92 WEST
City-State-Zip:	HAINES CITY FL 33844

I hereby 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 all other like empowered.

SIGNATURE: CLIFFORD K. JACKMAN**TREASURER****04/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date