2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2025
Secretary of State
7187436464CC

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Entity Name: SWEETBRIAR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1011 3RD ST N
C/O LIFESTYLES PROPERTY SERVICES
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

1011 3RD ST N
C/O LIFESTYLES PROPERTY SERVICES
JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-3367650

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIFETSTYLES PROPERTY SERVICES, LLC
1011 3RD ST N
JACKSONVILLE BEACH, FL 32250 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	DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	STOCKLI, BRIAN	Name	BETTS, DONALD
Address	1011 3RD ST N C/O LIFESTYLES PROPERTY SERVICES	Address	1011 3RD ST N C/O LIFESTYLES PROPERTY SERVICES
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250
Title	SECRETARY, DIRECTOR	Title	DIRECTOR
Name	HALL, BRUCE	Name	BARNETT, DOUGLAS
Address	1011 3RD ST N C/O LIFESTYLES PROPERTY SERVICES	Address	1011 3RD ST N C/O LIFESTYLES PROPERTY SERVICES
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250
Title	VP, DIRECTOR	Title	TREASURER, DIRECTOR
Name	SMITH, TOJUAN	Name	SAMUELS, DIANA
Address	1011 3RD ST N C/O LIFESTYLES PROPERTY SERVICES	Address	1011 3RD ST N C/O LIFESTYLES PROPERTY SERVICES
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JACKSONVILLE BEACH FL 32250
Title	DIRECTOR		
Name	REAGAN, DAVID		
Address	1011 3RD ST N C/O LIFESTYLES PROPERTY SERVICES		
City-State-Zip:	JACKSONVILLE BEACH FL 32250		

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: DONALD BETTS PRESIDENT 04/11/2025

Electronic Signature of Signing Officer/Director Detail — Date