2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2017
Secretary of State
CC9162996044

DOCUMENT# N96000001064

Entity Name: SWEETBRIAR HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

586 MARSH LANDING PKWY
C/O LIFESTYLES PROPERTY SERVICES
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

586 MARSH LANDING PKWY
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
586 MARSH LANDING PKWY
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	TREASURER
Name	HAMILTON, BERNIE
Address	586 MARSH LANDING PKWY
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	PRESIDENT
Name	BETTS, DON
Address	586 MARSH LANDING PKWY C/O LIFESTYLES PROPERTY SERVICES
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	BARNETT, DOUG
Address	586 MARSH LANDING PKWY C/O LIFESTYLES PROPERTY SERVICES
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	HACKETT, TOM
Address	586 MARSH LANDING PKWY C/O LIFESTYLES PROPERTY SERVICES
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	VP
Name	STOCKLI, BARBARA
Address	586 MARSH LANDING PKWY C/O LIFESTYLES PROPERTY SERVICES
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	SECRETARY
Name	HALL, BRUCE
Address	586 MARSH LANDING PKWY C/O LIFESTYLES PROPERTY SERVICES
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DIRECTOR
Name	COPPOLA, JOE
Address	586 MARSH LANDING PKWY 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: DON BETTS PRESIDENT 03/14/2017

Electronic Signature of Signing Officer/Director Detail — Date