

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91785 037 ****61.25

DOCUMENT # N09540

1. Entity Name

SWEETWATER CREEK HOMEOWNERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

550 S.W. 115 AVE.
 SWEETWATER FL 33174

Mailing Address

8299 CORAL WAY
 MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0305723

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PROPERTY MANAGEMENT SERVICES INC.
8299 CORAL WAY
MIAMI FL 33155

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.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD
 NAME: GALLARDO, HUGO
 STREET ADDRESS: 550 SW 115TH AVE.
 CITY-ST-ZIP: MIAMI FL 33174
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: VP
 NAME: SALCEDA, FRANCISCO
 STREET ADDRESS: 550 SW 115 AVE UNIT G9
 CITY-ST-ZIP: MIAMI FL 33174
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: SD
 NAME: GARCIA, ROSA I
 STREET ADDRESS: 550 SW 115 AVE
 CITY-ST-ZIP: MIAMI FL 33174
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: TD
 NAME: DELGADO, LAZARO
 STREET ADDRESS: 550 SW 115 AVE
 CITY-ST-ZIP: MIAMI FL 33174
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: TD
 NAME: ORTEZ, CARMEN
 STREET ADDRESS: 550 SW 115 AVE UNIT G2
 CITY-ST-ZIP: MIAMI FL 33174
 Delete

TITLE: TD
 NAME: NORIS MASTUAREZ
 STREET ADDRESS: 550 SW 115 AVE # G2
 CITY-ST-ZIP: MIAMI FL 33174
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-02

CR2E037 (9/01)