

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90061 004 \*\*\*\*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

Zip

Country

Zip

Country

01122006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**65-0305723**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PROPERTY MANAGEMENT SERVICES INC.  
8299 CORAL WAY  
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

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. 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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME DIAZ, ALEX  
STREET ADDRESS 500 SW 115 AVE APT D-5  
CITY-ST-ZIP MIAMI, FL 33174

TITLE VP ☐ Delete  
NAME PEREZ, CARLOS  
STREET ADDRESS 500 SW 115 AVE APT D-10  
CITY-ST-ZIP MIAMI, FL 33174

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

TITLE TD ☐ Delete  
NAME MASJUAREZ, NORIS  
STREET ADDRESS 550 SW 115 AVE #G2  
CITY-ST-ZIP MIAMI, FL 33174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 #

1/20/06 (305) 261-4250