

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90530 031 ****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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____ City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

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



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0305723** Applied For: Not Applicable:

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GALLARDO, HUGO		NAME: _____	
STREET ADDRESS: 550 SW 115TH AVE.		STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL 33174		CITY-ST-ZIP: _____	
TITLE: VP	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SALCEDA, FRANCISCO		NAME: _____	
STREET ADDRESS: 550 SW 115 AVE UNIT G9		STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL 33174		CITY-ST-ZIP: _____	
TITLE: SD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARCIA, ROSA I		NAME: _____	
STREET ADDRESS: 550 SW 115 AVE		STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL 33174		CITY-ST-ZIP: _____	
TITLE: TD	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MASJUAREZ, NORIS		NAME: _____	
STREET ADDRESS: 550 SW 115 AVE #G2		STREET ADDRESS: _____	
CITY-ST-ZIP: MIAMI FL 33174		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete	TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		NAME: _____	
STREET ADDRESS: _____		STREET ADDRESS: _____	
CITY-ST-ZIP: _____		CITY-ST-ZIP: _____	

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]* **REQUIRED** 1/24/03 305-264-4250

CR2E037 (10/02)