
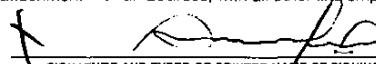


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90025 001 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0305723	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DIAZ, ALEX 500 SW 115 AVE APT D-5 MIAMI, FL 33174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Victor H. Segovia 550 SW 115 Ave. # A4 Miami FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, CARLOS 500 SW 115 AVE APT D-10 MIAMI, FL 33174	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Alberto Marquez 550 SW 115 Ave. # F7 Miami FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEDINA, BENJAMIN 8299 CORAL WAY MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Andres Cabrera 550 SW 115 Ave. # 15 Miami FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GARCIA, ROSE 8299 CORAL WAY MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Marilyn Ruiz 550 SW 115 Ave. # C3 Miami FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REVES, MIRIAM 8299 CORAL WAY MIAMI, FL 33155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Core A 550 SW 115 Ave. # 86 Miami FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE 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: 1/10/2008 Daytime Phone #					

40010300



01042008 Chg-NP CR2E037 (12/06)