2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09540

Entity Name: SWEETWATER CREEK HOMEOWNERS CONDOMINIUM

ASSOCIATION, INC.

Current Principal Place of Business:

550 S.W. 115 AVE. SWEETWATER, FL 33174

Current Mailing Address:

175 FONTAINEBLEAU BLVD

SUITE 1D

MIAMI, FL 33172 US

FEI Number: 65-0305723 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EXCLUSIVE PROPERTY MANAGEMENT GROUP, INC 175 FONTAINEBLEAU BLVD, SUITE 1D MIAMI, FL 33172 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: YAMILET THE HERNANDEZ 01/20/2021

Electronic Signature of Registered Agent

Date

FILED Jan 20, 2021

Secretary of State

4706555019CC

Officer/Director Detail:

City-State-Zip:

Title

Title TREASURER Title VP

Name VERDEZ, MARILIS Name MARQUEZ, ALBERTO

Address 175 FONTAINEBLEAU BLVD Address 175 FONTAINEBLEAU BLVD

SUITE 1D SUITE 1D

MIAMI FL 33172 City-State-Zip: MIAMI FL 33172

Name GONZALEZ, JULIA M Name HURTADO , ADELA

Hallo Hallo Hallo Hallo Hallo Hallo

Address 175 FONTAINEBLEAU BLVD Address 175 FONTAINEBLEAU BLVD, SUITE 1D SUITE 1D

Title

SUITE ID

PRESIDENT

City-State-Zip: MIAMI FL 33172 City-State-Zip: MIAMI FL 33172

Title DIRECTOR Title DIRECTOR

Name BRENES, JEANNETTE Name VASQUEZ, RAMON

Address 175 FONTAINEBLEAU BLVD, SUITE 1D Address 175 FONTAINEBLEAU BLVD STE 1D

SUITE 1D

SECRETARY

City-State-Zip: MIAMI FL 33172 City-State-Zip: MIAMI FL 33172

Title DIRECTOR Title DIRECTOR

Name GUIDO, MARIA Name SEGOVIA , VICTOR

Address 175 FONTAINEBLEAU BLVD, SUITE 1D Address 175 FONTAINEBLEAU BLVD, SUITE 1D

City-State-Zip: MIAMI FL 33172 City-State-Zip: MIAMI FL 33172

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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: JULIA GONZALEZ PRESIDENT 01/20/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name OCAMPO , BLANCA

Address 175 FONTAINEBLEAU BLVD, SUITE 1D

City-State-Zip: MIAMI FL 33172