2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
04 MAY 28 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763678

1. Entity Name
SWEETWATER VILLAS WEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11 SW 113 AVENUE 103 MIAMI, FL 33174	11 SW 113 AVENUE 103 MIAMI, FL 33174

05072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2808934
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PRADO, EMIGDIO
11 SW 113 AVE
103
MIAMI, FL 33174

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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 _____ 04.26.004
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 September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fee

000376691111
05/04/04--01055--003 **74.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TIJERINO, CARLOS
STREET ADDRESS	11 S.W. 113 AVE., #101
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	PRADO, EMIGDIO
STREET ADDRESS	11 S.W. 113 AVE., #103
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	MARTINEZ, MANUEL
STREET ADDRESS	21 SW 113 AVE #106
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VP
NAME	CORDOVA, GUSTAVO
STREET ADDRESS	13 SW 113 AVE #105
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	GALVEZ, LAZARO
STREET ADDRESS	23 SW 113 AVE #104
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 04.26.004 (305)559-1476 Home
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
(786)338-5657 Cell.