

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # 763678

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



Principal Place of Business

11 SW 113 AVENUE
103
MIAMI, FL 33174

Mailing Address

11 SW 113 AVENUE
103
MIAMI, FL 33174



04122006 No Chg-NP

CR2E037 (11/05)

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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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IN THIS SPACE**

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

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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IN THIS SPACE**

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

EMIGDIO PRADO

04.25.2006 (305)484-5063

Date

Daytime Phone #