07-24-2006 90001 033 ****61.25
766393

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 766393

1. Entity Name
SWEETWATER VILLAS WEST CONDOMINIUM ASSOCIATION NO. TWO, INC.

FILED
06 SEP -5 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50022868

Principal Place of Business	Mailing Address
141-143 S.W. 113TH AVENUE MIAMI, FL 33174	UNLIMITED MANAGEMENT SERVICES PO BOX 440067 MIAMI, FL 33144 US

04122006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0532508 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREZ-SIAM, FRANK 7001 SW 87 CT MIAMI, FL 33173	Name: Unlimited Property Management, LLC Street Address (P.O. Box Number is Not Acceptable): 7655 NW 50 ST City: Miami FL Zip Code: 33166

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 _____ 7/20/06
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

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	TD ZAPATA, REYNALDA 7001 SW 87 CT MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/VP/D UBALDO, SANTIAGO 7655 NW 50ST MIAMI FL. 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEDINA, HILDELISA 7001 SW 87 CT MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS/D MAZADIEGO, IRMA VALVANERA 50ST 7655 NW MIAMI FL. 33166	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOMBAN, SILVIA 7001 SW 87 CT MIAMI, FL 33173	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ _____ (305)5539731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #