


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul-16, 2007 08:00 AM
Secretary of State

DOCUMENT # 769969 1. Entity Name SWEETWATER VILLAS WEST CONDOMINIUM ASSOCIATION NO. FOUR, INC.		
Principal Place of Business 133 SW 113 AVE. #102 MIAMI, FL 33174 US	Mailing Address 133 SW 113 AVE. #102 MIAMI, FL 33174 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MANRIQUE, RAFAEL 133 S.W. 113TH AVE #102 MIAMI, FL 33174		DO NOT WRITE 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 _____ <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 September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ENSENAT, JUAN 131 SW 113 AVENUE MIAMI, FL 33174	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZAPATA, REYNALDA 133 SW 113 AVE. MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, ELDA 121 S.W. 113TH AVE MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Reynalda Zapata</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>07-12-07</u> (303) 225 6458 <small>Daytime Phone #</small>



07082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1004881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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07/16/07-80007-003 61.25