

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

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000001442	
1. Entity Name EL CHALET OF SWEETWATER CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 125 S.W. 114 AVE. APT. 2 MIAMI, FL 33174	Mailing Address 125 S.W. 114 AVE. APT. 2 MIAMI, FL 33174



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-2000277	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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IN THIS SPACE**

MERE, MIRIAM
125 S.W. 114 AVE.
APT. 2
MIAMI, FL 33174

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, 2007**

9. Election Campaign Financing, Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DVENAS, NELLY MARIA
STREET ADDRESS	125 SW 114 AVE, APT 3
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	TD
NAME	MERE, MIRIAM
STREET ADDRESS	125 S.W. 114 AVE., APT. 2
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	SD
NAME	MARTINEZ, MARILYN
STREET ADDRESS	125 S.W. 114 AVE., APT. 6
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/07-80005-018 61.25

**DO NOT WRITE
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: *Miriam MERE* **MIRIAM MERE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/2007 (305) 226-2418
Date Daytime Phone #