


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90006 024 ****61.25

| | | | | | |
|---|---|---|--|---|--------------|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 43-2000277 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MERE, MIRIAM 125 S.W. 114 AVE. APT. 2 MIAMI, FL 33174 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | FL Zip Code | | |
| 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) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | PD DVENAS, NELLY MARIA 125 SW 114 AVE, APT 3 MIAMI, FL 33174 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MERE, MIRIAM 125 S.W. 114 AVE., APT. 2 MIAMI, FL 33174 | <input checked="" type="checkbox"/> Delete | | TD JORGE MOLLINEDO 125 SW 114 AVE, APT. 7 MIAMI, FL 33174 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MARTINEZ, MARILYN 125 S.W. 114 AVE., APT. 6 MIAMI, FL 33174 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Jorge Mollinedo</i> | | JORGE MOLLINEDO | | 1/20/08 | 305-229-3919 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |