## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N15366

FILED Mar 27, 2008 Secretary of State

Entity Name: SWEETWATER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O PMS MANAGEMENT SERVICES INC. 2708 ALT. 19 NORTH SUITE 603 PALM HARBOR, FL 34683 US

Current Mailing Address: New Mailing Address:

C/O PMS MANAGEMENT SERVICES, INC. 2708 ALT. 19 NORTH SUITE 603 PALM HARBOR, FL 34683 US

FEI Number: 59-2656711 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PMS MANAGMENT SERVICES, INC. 2708 ALT. 19 NORTH SUITE 603 PALM HARBOR, FL 34683 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD ( ) Delete Title: PD (X) Change ( ) Addition

Name: EVANS, JAMES Name: EVELIO, ORIHUELA
Address: 5443 SWEETWATER TERRACE CIRCLE Address: 5433 SWEETWATER TERRACE CIRCLE

City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634

Name: ORIHUELA, EVELIO Name: FLEMING, CHARLENE

Address: 5433 SWEETWATER TERRACE CIRCLE Address: 5437 SWEETWATER TERRACE CIRCLE

City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634

Title: VD ( ) Delete Title: SD (X) Change ( ) Addition

Name: FLEMING, CHARLENE Name: ZENTMEYER, TOM

Address: 5437 SWEETWATER TERRACE CIRCLE Address: 5411 SWEETWATER TERRACE CIRCLE

City-St-Zip: TAMPA, FL 336343 City-St-Zip: TAMPA, FL 336343

 Name:
 SUDIONO, JULIANA
 Name:

 Address:
 5415 SWEETWATER TERRACE CIRCLE
 Address:

 City-St-Zip:
 TAMPA, FL 33634
 City-St-Zip:

Name: BLAIR, DEREK Name: EVANS, JAMES

Address: 5427 SWEETWATER TERRACE CIRCLE Address: 5443 SWEETWATER TERRACE CIRCLE

City-St-Zip: TAMPA, FL 33634 City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELIO ORIHUELA PRES 03/27/2008