

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15366

FILED
Apr 07, 2012
Secretary of State

Entity Name: SWEETWATER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2708 ALT 19 NORTH
SUITE 604-1
PALM HARBOR, FL 34683 US

Current Mailing Address:

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

New Mailing Address:

2708 ALT 19 NORTH
SUITE 604-1
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:

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

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT BY DESIGN, INC.
2708 ALT. 19 NORTH
SUITE 604-1
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: COLETTE CILIBERTI

04/07/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: EVELIO, ORIHUELA
Address: 2708 ALT 19 NORTH, SUITE 604-1
City-St-Zip: PALM HARBOR, FL 34683

Title: VP
Name: BULGER, STEVEN
Address: 2708 ALT 19 NORTH, SUITE 604-1
City-St-Zip: PALM HARBOR, FL 34683

Title: SD
Name: MELLO, SARA
Address: 2708 ALT 19 NORTH, SUITE 604-1
City-St-Zip: PALM HARBOR, FL 34683

Title: TD
Name: SUDIONO, JULIANA
Address: 2708 ALT 19 NORTH, SUITE 604-1
City-St-Zip: PALM HARBOR,, FL 34683

Title: D
Name: BLAIR, DEREK
Address: 2708 ALT 19 NORTH, SUITE 604-1
City-St-Zip: PALM HARBOR,, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: ORIHUELA EVELIO

PD

04/07/2012

Electronic Signature of Signing Officer or Director

Date