FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N21398

1. Corporation Name

(5)

GARDENS OF SWEETWATER CONDOMINIUM I ASSOCIATION, INC.

INC.						
Principal Place	e of Business	Mailing Address	Mailing Address			T (SOURISE) DIE 18064 18060 SOURC SOURC SOUR SOUR SOUR OVERLE CLIEC OF DIE 18001 SOUR FOOT
18258 COVINA WAY APT. #201		18258 COVINA WAY APT. #201	APT. #201			
BOCA RATON F	FL 33498	BOCA RATON FL 33498-16 US	BOCA RATON FL 33498-1666			3. Date Incorporated or Qualified 3a. Date of Last Report
US		ua				06/30/1987 01/31/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21		26				65-0182595 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27 C. L. D. Ctata			·	Fee Required
City & State	8	City & State	} 			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28	Co	untry		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	,		Florida Statutes Yes No
	9, Name and Address of Curr		.11			10. Name and Address of New Registered Agent
				81	Name	
SWERDLOFF, JEWEL				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
18258 C						
#201				83		
BOCA R	ATON FL 33498			84	City	85 Zip Code
44 6	of Continue C17 O					FL B9 Zip books
office or re	egistered agent, or both, in the Sta	te of Florida. Such change was	authorize	ed by	the corporat	poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
1	m familiar with, and accept the obl	igations of, Section 617.0503, Fl	orida Sta	tutes	S.	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NO)	TE: Registere	od Age	int signature reguli	lred when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD ·	☐ DELETE	1.1 T	ITLE		Change Addition
NAME	HOECHSTETTER, MARION		1.2 N	AME		
STREET ADDRESS	1072 GUILDFORD D.		1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	T prieve		ITY-S	iT-ZIP	
TITLE			2.1 1		i	Change Addition
NAME CZOSET ADODESC	REGAN, KEITH 18258 COVINA WAY		2.2 N		ADDRESS	
STREET ADDRESS	BOCA RATON FL		1		1	
CITY-ST-ZIP TITLE	SDT	☐ DELETE	2. 4 C/TY- 3.1 TITLE		31-21r	☐ Change ☐ Addition
NAME :	SWERDLOFF, JEWEL		3.2 N			
STREET ADDRESS	18258 COVINA WAY		3.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		34.	CITY-S	ST-ZIP	
TITLE	☐ DELETE 4.1		4.1 T	ITLE		Change Addition
NAME			4. 2	NAME		
STREET ADDRESS			4.3 8	TREET	ADDRESS	
CITY-ST-ZIP				ITY - S	T-ZIP	
TITLE		L_J DELETE	5.1 T			☐ Change ☐ Addition
NAME				IAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	6.1 T	HTY-S	1 - 211	☐ Change ☐ Addition
NAME I		tend Sectific		AME		المنا كالمنابعة المنابعة المنا
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			- 1	CITY-S	\ \	
14. I do heret	by certify that the information supp	ied with this filing does not qual	ify for the	6X6	mption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that the
Informatio	on indicated on this annual report of fficer or director of the corporation	or the receiver or trustee empoy	wered to	exec	ute this repo	t my signature shall have the same legal effect as if made under oath; that ort as required by Chapter 617, Florida Statutes; and that my name
appears i	in Block 12 or Block /3 if changed,	or on an attachment with an ad	oress.	. /	0.	-01.10

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

19/97 561-451-344-

FILED

Jan 21 1997 8:00am

Secretary of State