FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

N21398

(5)

FILED Feb 03 1998 8:00am Secretary of State

1. Corporation	INITIAL # INZIO:	90 (<i>3)</i>				
GARDENS OF SWEETWATER CONDOMINIUM I ASSOCIATION,						
INC.)		
Principal Place of Business Mailing Address				. immitten din tidde tingen eiten enteb tott milit milit diffit atfilt fifti 1881		
18258 COVINA WAY 18258 COVINA WAY					3. Date incorporated or Qualified	
APT. #201 APT. #201					06/30/1987	
BOCA RATON FL 33498 BOCA RATON FL 33498 US US					4. FEI Number Applied For	
		•			65-0182595 Not Applicable	
Principal Place of Business Address Address					5. Certificate of Status Desired S8.75 Additional	
21 26				Fee Required		
Suite, Apt. #, etc. Suite, Apt. #, etc.					6. Election Campaign Financing \$5.00 May Be	
22 27 City & State City & State					Trust Fund Contribution	
 		⊢ ′			7. Is this nonprofit corporation a homeowners association? Ves No	
28 28 Zip Country		Zip			8. This corporation owes or has pald the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr		. 1		10. Name and Address of New Registered Agent	
			81 1	Name		
SWERDLOFF, JEWEL				Street Addres	ss (P.O. Box Number is Not Acceptable)	
18258 COVINA WAY				ou cor i idai ci	Address (i.e. box Number is not Addeptable)	
#201			83			
BOCA RATON FL 33498			84 (City	85 Zip Code	
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Sta	602 and 617.1508, Florida Statu te of Florida. Such change was	tes, the above-n authorized by th	named corpo: ne corporatio	ration submits this statement for the purpose of changing its registered n's board of directors, I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503, F	lorida Statutes.			
SIGNATURE .	Signature, typed or printed name of registered a	and this if and had to the his	TE: Registered Agent s		(when reinstating) DATE	
12.		ND DIRECTORS	13.	signatura reduted	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME	HOECHSTETTER, MARION		1.2 NAME			
STREET ADDRESS	1072 GUILDFORD D.		1.3 STREET ADD	DRESS		
CITY-ST-ZIP	BOCA RATON FL		1,4 CITY-ST-Z	ZIP		
TITLE	VD	☐ DELETE	2.1 TATLE		☐ Change ☐ Addition	
NAME	regan, Keith		2.2 NAME			
STREET ADDRESS	18258 COVINA WAY		2.3 STREET ADD	DRESS		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - Z	ZIP		
TITLE	SDT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	SWERDLOFF, JEWEL		3.2 NAME			
STREET ADDRESS	18258 COVINA WAY		3.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL	DELETE	3.4. CITY-ST-Z	ŽIP	Phase Addition	
TITLE		F" DEFEIE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADD	I .		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
NAME			5.2 NAME		Charge Mounton	
STREET ADDRESS			5.3 STREET ADD	Dates		
CITY-ST-ZIP						
TITLE		☐ DELETE	6.4 CITY - ST - ZIP		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADD	DRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZI			
					ection 119.07(3)(i), Florida Statutes. I further certify that the information	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changes, or on an attachment with an address.

SIGNATURE:

einst Switch MEQUIREI

12/9/98