NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N21398

GARDENS OF SWEETWATER CONDOMINIUM I ASSOCIATION,

18258 COVINA WAY
APT. #201
BOCA RATON FL 33498
US

Principal Place of Business

2. Principal Place of Business

Mailing Address 18258 COVINA WAY

2a. Mailing Address

APT. #201 **BOCA RATON FL 33498**

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90018 037 ****61.25

3. Date Incorporated or Qualifed

21	ace of Edamoss	26				06/30/1987				
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			****	4. FEI Number	Ar	plied For		
22	.,	27				65-0182595		No	t Applicable	
City & State	9	City & State				E Codificate of Status Desired		\$8.75	Additional	
23		28				Certifcate of Status Desired	<u></u>	Fee Re	equired	
Zip	Country	Zip	(Country		6. Election Campaign Financing		\$5.00	May Be	
24	25 29 30		30	0		Trust Fund Contribution		Added to Fees		
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered A	gent		
A day					Name					
SWERDLOFF, JEWEL					82 Street Address (P.O. Box Number is Not Acceptable)					
18258 COVINA WAY					Street Address (1.5. Box Hamber to Her Asseptation)					
#201										
BOCA RATON FL 33498				84	Otto:			85 Zip	Code	
DUCA NATUN FL 53490					City		FL	103 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Sta	atutes, th	ne above	-named corpo	oration submits this statement for the p	urpose of c	hanging its	registered	
office or r	egistered agent, or both, in the State o	f Florida. Such change wa	is author	ized by t	he corporatio	on's board of directors. I hereby accept	the appoint	lment as re	gistered	
agent. I a	m familiar with, and accept the obligati	ona di, decubi di F.0303,	i ionua c	,,a.u.c3.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Regis	tered Agent	signature required	when reinstating)	DATE	-		
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12	
TITLE	PD DELETE		1.1 TITLE		· · · · · · · · · · · · · · · · · · ·		Change	Addition		
NAME	HOECHSTETTER, MARION		1	1.2 NAME						
STREET ADDRESS	1072 GUILDFORD D.		1	1.3 STREET	ADDRESS					
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY - ST	-ZIP					
TITLE	VD	☐ DELETE						Change	☐ Addition	
NAME	REGAN, KEITH		2	2.2 NAME						
STREET ADDRESS	18258 COVINA WAY		1 2	2.3 STREET	ADDRESS					
CITY-ST-ZIP				2. 4 CITY-ST	r-ZIP					
TITLE	SDT	☐ DELETE		3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME							
	18258 COVINA WAY			3.3 STREET	ADDRESS					
STREET ADDRESS	BOCA RATON FL			3.4. CITY-ST	1					
CITY-ST-ZIP TITLE	DOOR INTOIT I	☐ DELETE		4.1 TITLE				Change	Addition	
	,		-	4. 2 NAME						
NAME	e in the second		ı	4.3 STREET	ADDRESS					
STREET ADDRESS				4.3 STREET 4.4 CITY-ST		•				
CITY-ST-ZIP TITLE		□ DELETE		4.4 CITT-51 5.1 TITLE	-4JF		***	Change	☐ Addition	
		_ ,		5.2 NAME						
NAME	·			5.3 STREET	ADDRESS					
STREET ADDRESS				5.4 CITY-ST						
CITY-ST-ZIP		☐ DELETE		6.1 TITLE				Change	Addition	
TITLE		_ 500000	· I	6.2 NAME				_ •	_	
NAME			- 1	6.3 STREET	ADORESS					
STREET ADDRESS			•	6.4 CITY-ST						
CITY-ST-ZIP	\			0.4 UHT-SI	-41°					

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 changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: