DOCUMENT # N21398

1. Entity Name

GARDENS OF SWEETWATER CONDOMINIUM I ASSOCIATION,

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90145 027 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
18258 COVINA WAY APT. #201 BOCA RATON FL 33498 US	18258 COVINA WAY APT. #201 BOCA RATON FL 33498-1546 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0182595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWERDLOFF, JEWEL 18258 COVINA WAY #201 BOCA RATON FL 33498	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOECHSTETTER, MARION 1072 GUILDFORD D. BOCA RATON FL	☒ Delete	PD Goldie Perlman 18258 Covina Way Boca Raton Fl.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REGAN, KEITH 18258 COVINA WAY BOCA RATON FL	☐ Delete	VD Keith Regan 18258 Covina Way Boca Raton, Fl	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDT SWERDLOFF, JEWEL 18258 COVINA WAY BOCA RATON FL	☐ Delete	SDT Jewel Swerdloff 18258 Covina Way Boca Raton Fl.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jewel Swerdloff REQUIRED 4/10/00 561-451-3447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #