2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N21398

1. Entity Name
GARDENS OF SWEETWATER CONDOMINIUM I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
18258 COVINA WAY APT. #201 BOCA RATON, FL 33498 US	18258 COVINA WAY APT. #101 BOCA RATON, FL 33498 US

DO NOT WRITE IN THIS SPACE

01062006 No Chg-NP CR2E037 (11/05)

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

MCCLELLAND, HOWARD
18258 COVINA WAY
#101
BOCA RATON, FL 33498

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	REGAN, KEITH
STREET ADDRESS	18258 COVINA WAY
CITY-ST-ZIP	BOCA RATON, FL
TITLE	PTD
NAME	MARGANELLI, IRENE
STREET ADDRESS	18258 COVINA WAY #201
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	SD
NAME	MCCLELLAND, HOWARD
STREET ADDRESS	18258 COVINA WAY #101
CITY-ST-ZIP	BOCA RATON, FL 33498
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06-01059-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, *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: Howard McClelland HOWARD MCCLELLAND Secretary 561-451-9117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #