2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State
03-14-2007 90038 033 ****61.25

DOCUMENT # N21398

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

20006092

01182007 Chg-NP CR2E037 (12/06)

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~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
11784 W. SAMPLE ROAD	11784 W. SAMPLE ROAD
Suite, Apt. #, etc.: #103	Suite, Apt. #, etc.: #103
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

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

7. Name and Address of New Registered Agent

Name: UNITED COMMUNITY MGMT CORP
Street Address (P.O. Box Number is Not Acceptable): 11784 W. SAMPLE ROAD
SUITE 103
City: CORAL SPRINGS FL Zip Code: 33065

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, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD REGAN, KEITH 18258 COVINA WAY BOCA RATON, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MARGANELLI, IRENE 18258 COVINA WAY #201 BOCA RATON, FL 33498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCLELLAND, HOWARD 18258 COVINA WAY #101 BOCA RATON, FL 33498	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Isolene Ushner 18258 Covina Way # 102 Boca Raton FL 33498	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Irene Marganelli Irene Marganelli 1/04 561-487-9730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #