

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21398

FILED
Mar 13, 2009
Secretary of State

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

Current Principal Place of Business:

11784 W. SAMPLE ROAD
#103
POMPANO BEACH, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

11784 W. SAMPLE ROAD
#103
POMPANO BEACH, FL 33065 US

New Mailing Address:

FEI Number: 65-0182595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED COMMUNITY MGMT. CORP.
11784 W. SAMPLE ROAD
SUITE 103
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD (X) Delete
Name: REGAN, KEITH
Address: 18258 COVINA WAY
City-St-Zip: BOCA RATON, FL

Title: PTD () Delete
Name: MARGANELLI, IRENE
Address: 18258 COVINA WAY #201
City-St-Zip: BOCA RATON, FL 33498

Title: SD () Delete
Name: MCCLELLAND, HOWARD
Address: 18258 COVINA WAY #101
City-St-Zip: BOCA RATON, FL 33498

Title: D (X) Delete
Name: USHNER, ISOLENE
Address: 18258 COVINA WAY #102
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY LOU PLAMER

AGT

03/13/2009

Electronic Signature of Signing Officer or Director

Date