

2001 UNIFORM BUSINESS REPORT (UBR)

2/21

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-27-2001 90351 009 ****61.25

DOCUMENT # N22966

1. Entity Name

GARDENS OF SWEETWATER CONDOMINIUM 3 ASSOCIATION,

Principal Place of Business

C/O B. SVERDLIK
 10890 LAKEMORE LANE, F101
 BOCA RATON FL 33498

Mailing Address

C/O B. SVERDLIK
 10890 LAKEMORE LANE, F101
 BOCA RATON FL 33498

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

65-0125722

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

SVERDLIK, BETTY
 10890 LAKEMORE LANE #101
 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	PD + TREAS	<input type="checkbox"/> Delete
NAME	PRESSMAN, HAROLD	
STREET ADDRESS	10870 LAKEMORE LANE #201	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NEWBERG, BERNARD	
STREET ADDRESS	10890 LAKEMORE LANE #101	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SVERDLIK, BETTY	
STREET ADDRESS	10890 LAKEMORE LANE #101	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DIMAURO, JOSEPH	<input type="checkbox"/> Delete
NAME	10890 LAKEMORE LA 202	
STREET ADDRESS	BOCA RATON, FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/01 561-483-3606

CR2E037 (10/00)