

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 15, 2008 8:00 am**  
**Secretary of State**

08-15-2008 90001 039 \*\*\*\*61.25

**DOCUMENT # N26493**

1. Entity Name

**GARDENS OF SWEETWATER CONDOMINIUM 2  
ASSOCIATION, INC.**



Principal Place of Business

**MURIEL KREBS  
18266 COVINA WAY  
BOCA RATON FL 33498**

Mailing Address

**MURIEL KREBS  
18266 COVINA WAY  
BOCA RATON FL 33498**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

**65-0125642**

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

**KREBS, MURIEL  
18266 COVINA WAY  
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. 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

**FILE NOW: FEE IS \$61.25**

**Due By September 3, 2008**

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

T ☐ Delete  
NAME **KREBS, MURIEL**  
STREET ADDRESS **18266 COVINA WAY APT 202**  
CITY-ST-ZIP **BOCA RATON FL 33498**

D ☐ Delete  
NAME **KREBS, MURIEL**  
STREET ADDRESS **18266 COVINA WAY #102**  
CITY-ST-ZIP **BOCA RATON FL**

P ☐ Delete  
NAME ~~SEDA, EMMA~~ **LYNN SANDS**  
STREET ADDRESS **18266 COVINA WAY**  
CITY-ST-ZIP **BOCA RATON FL 33498**

S ☐ Delete  
NAME **BIOLO, SHIRLEY**  
STREET ADDRESS **18266 COVINA WAY**  
CITY-ST-ZIP **BOCA RATON FL 33498**

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition  
TITLE  
NAME **LYNN SANDS**  
STREET ADDRESS **18266 COVINA WAY**  
CITY-ST-ZIP **BOCA RATON, FL. 33498**

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Muriel Krebs (Muriel Krebs)** 8/4/08 561-451-9260