

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26493

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** GARDENS OF SWEETWATER CONDOMINIUM 2 ASSOCIATION, INC.

**Current Principal Place of Business:**

MURIEL KREBS  
18266 COVINA WAY  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

MURIEL KREBS  
18266 COVINA WAY  
BOCA RATON, FL 33498

**New Mailing Address:**

**FEI Number:** 65-0125642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KREBS, MURIEL  
18266 COVINA WAY  
BOCA RATON, FL 33498 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: T ( ) Delete  
Name: KREBS, MURIEL  
Address: 18266 COVINA WAY APT 202  
City-St-Zip: BOCA RATON, FL 33498

Title: D ( ) Delete  
Name: KREBS, MURIEL  
Address: 18266 COVINA WAY #102  
City-St-Zip: BOCA RATON, FL

Title: P (X) Delete  
Name: SANDS, LYNN  
Address: 18266 COVINA WAY  
City-St-Zip: BOCA RATON, FL 33498

Title: S ( ) Delete  
Name: BIOLO, SHIRLEY  
Address: 18266 COVINA WAY  
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: MURIEL KREBS

T

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date