2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N27278

Entity Name: GARDENS OF SWEETWATER CONDOMINIUM 4 ASSOCIATION, INC.

Current Principal Place of Business:

10920 LAKEMORE LANE
UNIT 101
BOCA RATON, FL 33498 US

New Principal Place of Business:

Current Mailing Address:

10920 LAKEMORE LANE
UNIT 101
BOCA RATON, FL 33498 US

New Mailing Address:

FEI Number: 65-0125720 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KROOP, EDWARD
10910 LAKEMORE LANE #102
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:	PD	( ) Delete
Name:	KROOP, EDWARD,	
Address:	10910 LAKEMORE LANE #102	
City-St-Zip:	BOCA RATON, FL	
Title:	STD	( ) Delete
Name:	SAUL, LEROY,	
Address:	10920 LAKEMORE LANE #101	
City-St-Zip:	BOCA RATON, FL	
Title:	SD	( ) Delete
Name:	GRAY, STANLEY,	
Address:	10910 LAKEMORE LANE #201	
City-St-Zip:	BOCA RATON, FL	
Title:	V	( ) Delete
Name:	HERBERT, ROLAND W	
Address:	10910 LAKEMORE LN, # 202	
City-St-Zip:	BOCA RATON, FL	

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: LEROY, SAUL STD 02/12/2009

Electronic Signature of Signing Officer or Director — Date