

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35596 (8)

1. Corporation Name

SWEETWATER COURTS CONDOMINIUM NO. 5 ASSOCIATION, INC.

Principal Place of Business

**10930 LAKEMORE LANE 202
BOCA RATON FL 33498**

Mailing Address

**10930 LAKEMORE LANE 202
BOCA RATON FL 33498**



3. Date Incorporated or Qualified
12/07/1989

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RILEY, LARRY
1930 LAKEMORE LANE, #202
BOCA RATON 33498**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Larry D. Riley

Signature, typed or printed name of registered agent and applicable

DATE: Registered Agent Signature required when reinstating

3/26/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	RILEY, LARRY	
STREET ADDRESS	10930 LAKEMORE LN #202	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, KEVIN	
STREET ADDRESS	10930 LAKEMORE #103	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TSD	<input checked="" type="checkbox"/> DELETE
NAME	PARE, ELAINE	
STREET ADDRESS	10930 LAKEMORE LN #203	
CITY-ST-ZIP	BOCA RATON FL	
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"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President Director (PD)	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard Kane	
1.3 STREET ADDRESS	10930 Lakemore LN #201	
1.4 CITY-ST-ZIP	Boca Raton, FL 33498	
2.1 TITLE	Vice President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Chandra Stewart	
2.3 STREET ADDRESS	10930 Lakemore LN. #102 (VD)	
2.4 CITY-ST-ZIP	Boca Raton FL 33498	
3.1 TITLE	Treasurer Secretary Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Larry D. Riley	
3.3 STREET ADDRESS	10930 Lakemore Lane #202 (TSD)	
3.4 CITY-ST-ZIP	Boca Raton FL 33498	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

DATE

407-483-8219

DAYTIME PHONE #

CR2E037 (12/95)