

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

10930 LAKEMORE LANE 202
BOCA RATON FL 33498

10930 LAKEMORE LANE 202
BOCA RATON FL 33498-1603

3. Date Incorporated or Qualified
12/07/1989

3a. Date of Last Report
06/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

65-0251755

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RILEY, LARRY
1930 LAKEMORE LANE, #202
BOCA RATON FL 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 Riley

[Signature]

T.S.D.

2-21-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME KANE, RICHARD
STREET ADDRESS 10930 LAKEMORE LANE 201
CITY-ST-ZIP BOCA RATON FL 33498

1.1 TITLE PD Change Addition
1.2 NAME STEWART, CHANDRA
1.3 STREET ADDRESS 10930 LAKEMORE LANE, # 102
1.4 CITY-ST-ZIP BOCA RATON, FL, 33498

TITLE VD DELETE
NAME STEWART, CHANDRA
STREET ADDRESS 10930 LAKEMORE LANE 102
CITY-ST-ZIP BOCA RATON FL 33498

2.1 TITLE VD Change Addition
2.2 NAME LEO SCHREIBER
2.3 STREET ADDRESS 10930 LAKEMORE LANE, #101
2.4 CITY-ST-ZIP BOCA RATON, FL, 33498

TITLE TSD DELETE
NAME RILEY, LARRY D
STREET ADDRESS 10930 LAKEMORE LANE 202
CITY-ST-ZIP BOCA RATON FL 33498

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-97

Date

561-483-8219

Daytime Phone # 0045291

CR2E037 (9/96)