



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90395 039 \*\*\*\*61.25

<b>DOCUMENT # N35596</b> 1. Entity Name <b>SWEETWATER COURTS CONDOMINIUM NO. 5 ASSOCIATION, INC.</b>					
Principal Place of Business <b>10930 LAKEMORE LANE 102 BOCA RATON, FL 33498</b>			Mailing Address <b>% SCHREIBER 10930 LAKEMORE LANE, APT. 101 BOCA RATON, FL 33498</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
04092006    Chg-NP                      CR2E037 (11/05)				4. FEI Number <b>65-0251755</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SNYDER, WENDY 10930 LAKEMORE LANE SUITE 103 BOCA RATON, FL 33498</b>			7. Name and Address of New Registered Agent  Name <b>BONORA MARILYN</b> Street Address (P.O. Box Number is Not Acceptable) <b>10930 Lakemore Ln.</b> <b>#103</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33498</b>		
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 <i>x Marilyn A. Bonora</i> DATE <b>4/7/06</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SNYDER, WENDY 10930 LAKEMORE LANE, #103 BOCA RATON, FL 33498	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARILYN BONORA 10930 LAKEMORE LN #103	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHREIBER, LEO 10930 LAKEMORE LANE, #101 BOCA RATON, FL 33498	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *x Marilyn A. Bonora*    DATE **4/7/06**    *x*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARILYN BONORA, PRESIDENT**