

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35596

FILED
Jan 12, 2009
Secretary of State

Entity Name: SWEETWATER COURTS CONDOMINIUM NO. 5 ASSOCIATION, INC.

Current Principal Place of Business:

10930 LAKEMORE LANE 103
BOCA RATON, FL 33498

New Principal Place of Business:

10930 LAKEMORE LANE #103
BOCA RATON, FL 33498

Current Mailing Address:

% SCHREIBER
10930 LAKEMORE LANE, APT. 101
BOCA RATON, FL 33498

New Mailing Address:

% SCHREIBER
10930 LAKEMORE LANE, APT. #101
BOCA RATON, FL 33498

FEI Number: 65-0251755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONORA, MARILYN
10930 LAKEMORE LANE
SUITE 103
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: BONORA, MARILYN
Address: 10930 LAKEMORE LN 103
City-St-Zip: BOCA RATON, FL 33498

Title: TD () Delete
Name: SCHREIBER, LEO
Address: 10930 LAKEMORE LANE, #101
City-St-Zip: BOCA RATON, FL 33498

Title: SD () Delete
Name: SCHETTINI, YOVANNE
Address: 10930 LAKESHORE LANE #203
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BONORA, MARILYN
Address: 10930 LAKEMORE LN #103
City-St-Zip: BOCA RATON, FL 33498

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: MARILYN BONORA

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date