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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90072 023 ****61.25

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000006960

1. Corporation Name
SUNSWEEP LAKE HOMEOWNER'S ASSOCIATION INC.

478360 - 90072 - 23

Principal Place of Business 2445 NE 209 TERRACE NORTH MIAMI BEACH FL 33180	Mailing Address 2445 NE 209 TERRACE NORTH MIAMI BEACH FL 33180
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/07/1998
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0888107
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent SCHWARTZ, ROBERT D MANDELBAUM, SALSBURG ET AL. 1489 W. PALMETTO PARK RD., #440 BOCA RATON FL 33486	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MIRANDA, LILLIAN		1.2 NAME KRUTCHIK MARVIN	
STREET ADDRESS 2445 NE 209 TERRACE		1.3 STREET ADDRESS 2455 NE 209 TER	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180		1.4 CITY-ST-ZIP N MIAMI BEACH FL 33186	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MIRANDA, GILBERTO		2.2 NAME KOENIG AREE	
STREET ADDRESS 2445 NE 209 TERRACE		2.3 STREET ADDRESS 21010 NE 25 CT	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180		2.4 CITY-ST-ZIP N MIAMI BEACH FL 33186	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AZULAY, VALERIE		3.2 NAME	
STREET ADDRESS 21031 NE 24 CT.		3.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHOENLANK, PETER		4.2 NAME	
STREET ADDRESS 21020 NE 25 CT.		4.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRUTCHIK, ELAINE		5.2 NAME	
STREET ADDRESS 2455 NE 209 TERR		5.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OKRENT, KAREN		6.2 NAME	
STREET ADDRESS 21301 NE 24 CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED** **4-27-2005** **935 5011**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)