


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90104 015 ****61.25

DOCUMENT # N98000006960			
1. Entity Name SUNSWEPT LAKE HOMEOWNER'S ASSOCIATION INC.			
Principal Place of Business 2455 NE 209 TERR NORTH MIAMI BEACH, FL 33180		Mailing Address 2455 NE 209 TERR NORTH MIAMI BEACH, FL 33180	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHWARTZ, ROBERT D 555 S FEDERAL HWY STE 430 BOCA RATON, FL 33432		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, LILLIAN	NAME	
STREET ADDRESS	2445 NE 209 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTE, PEREZ	NAME	
STREET ADDRESS	21021 NE 24 COURT	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUTCHIK, MARVIN	NAME	
STREET ADDRESS	2455 NEW 209 TERR	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRUTCHIK, ELAINE	NAME	
STREET ADDRESS	2455 NE 209 TERR	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKRENT, KAREN	NAME	
STREET ADDRESS	21301 NE 24 CT.	STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Elaine Krutchik</u> ELAINE KRUTCHIK		Date: <u>1/14/07</u> 305 935-0343	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



01142007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0888107 Applied For Not Applicable

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