

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2009  
Secretary of State**

DOCUMENT# N98000006960

Entity Name: SUNSWEPT LAKE HOMEOWNER'S ASSOCIATION INC.

**Current Principal Place of Business:**

2455 NE 209 TERR  
NORTH MIAMI BEACH, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2455 NE 209 TERR  
NORTH MIAMI BEACH, FL 33180

**New Mailing Address:**

FEI Number: 65-0888107      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHWARTZ, ROBERT D  
555 S FEDERAL HWY  
STE 430  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

SCHWARTZ, ROBERT D  
2240 WOOLBRIGHT ROAD  
STE 411  
BOYTON BEACH, FL 33426 US

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: \_\_\_\_\_ 04/06/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MONTE, PEREZ  
Address: 21021 NE 24 COURT  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: D ( ) Delete  
Name: KRUTCHIK, MARVIN  
Address: 2455 NEW 209 TERR  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: D ( ) Delete  
Name: KRUTCHIK, ELAINE  
Address: 2455 NE 209 TERR  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

Title: D ( ) Delete  
Name: OKRENT, KAREN  
Address: 21301 NE 24 CT.  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ELAINE KRUTCHIK      D      04/06/2009  
Electronic Signature of Signing Officer or Director      Date