

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED
AND
FILED

1997 MAY -8 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
06-1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44904

1. Corporation Name

SWAN LAKE OWNER'S ASSOCIATION, INC.

Principal Place of Business

8900 SW 67th COURT
MIAMI, FL. 33156

Mailing Address

C/o Creative Mgmt. Force, Inc.
6619 S. DIXIE HWY #377
MIAMI, FL 33143

3. Date Incorporated or Qualified

08/29/1991

3a. Date of Last Report

08/25/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0293028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CREATIVE MANAGEMENT FORCE, INC.
6619 S. DIXIE HWY #377
MIAMI, FL. 33143

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

600002180336--0

-05/15/97--01103--007

84 City

****252.50 ****252.50

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Pauline Gerwin*

(Type or print name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE: April 14, 1997

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BREAKSTONE, ARTHUR
STREET ADDRESS	8900 SW 67th Ct.
CITY, ST, ZIP	MIAMI, FL 33156
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BREAKSTONE, ADAM
STREET ADDRESS	8900 SW 67th Ct.
CITY, ST, ZIP	MIAMI, FL 33156
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	BREAKSTONE, NOAH
STREET ADDRESS	8900 SW 67th Ct.
CITY, ST, ZIP	MIAMI, FL 33156
TITLE	ASAT <input checked="" type="checkbox"/> DELETE
NAME	ROSEN, ROBERT
STREET ADDRESS	9400 SO DADELAND BLVD PH-4
CITY, ST, ZIP	MIAMI, FL 33156
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SPRITZER, MICHAEL
1.3 STREET ADDRESS	6720 SW 88th TERRACE
1.4 CITY-ST-ZIP	MIAMI, FL 33156
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CASSEL, MARWIN
2.3 STREET ADDRESS	6756 SW 89th TERRACE
2.4 CITY-ST-ZIP	MIAMI, FL 33156
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SCHORNSTEIN, DAVE
3.3 STREET ADDRESS	6746 SW 89th TERRACE
3.4 CITY-ST-ZIP	MIAMI, FL 33156
4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BREWER, WALTER
4.3 STREET ADDRESS	6740 SW 89th TERRACE
4.4 CITY-ST-ZIP	MIAMI, FL 33156
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FEINBERG, ELI
5.3 STREET ADDRESS	6761 SW 89th TERRACE
5.4 CITY-ST-ZIP	MIAMI, FL 33156
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I, the undersigned, 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 provided 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(Type or print name of signing officer or director)

4/15/97

305-274-4600

CR2E034 (9/96)

pg 2 of 2

Swan Lake Owners Association, Inc.

c/o Creative Management Force, Inc.
6619 S. Dixie Highway - #377
Miami, Florida 33143
(305) 279-2206

April 8, 1997

Mr. Sammy Caldwell
c/o Florida Department of State
Division of Corporations
P.O. Box # 6327
Tallahassee, Florida 32314

Dear Mr. Caldwell:

This letter is in response to our telephone conversation of today, April 8, 1997.

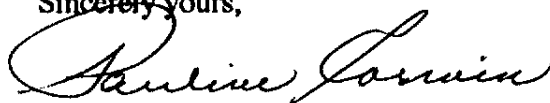
My company, Creative Management Force, Inc., located at 6619 South Dixie Highway, #377, Miami, Florida 33143, is the professional management company engaged by Swan Lake Owners Association, Inc., 8820 S.W. 67th Avenue, Miami, Florida 33156.

We understand that the former management company had not filed the annual report for Nonprofit Corporations beginning with 1995 until present and we would like the opportunity to correct this problem.

Since we have no prior knowledge of this situation, we ask your assistance in waiving the reinstatement fee and allowing us to bring this account to a current status as soon as possible.

Thank you in advance for your cooperation in this important matter. If you have any further questions, please do not hesitate to call me at (305) 279-2206.

Sincerely yours,



Pauline Corwin
Community Association Manager
Swan Lake Owners Association, Inc.
8820 S.W. 67th Avenue
Miami, Florida 33156