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Mar 29, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44904

1. Corporation Name

SWAN LAKE OWNER'S ASSOCIATION, INC.

Principal Place of Business

8900 SW 67TH CT.
MIAMI FL 33156

Mailing Address

% CREATIVE MGMT FORCE, INC.
6619 S. DIXIE HWY.. #377
MIAMI FL 33143
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/29/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0293028
City & State	City & State	5. Certificate of Status Desired
23	28	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERHER, ADELE E	1.2 NAME	Berger, Adele E. (Correct last name only)
STREET ADDRESS	6771 SW 89TH TERR	1.3 STREET ADDRESS	6741 S.W. 89th Terr.
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, ANDI	2.2 NAME	Feinberg, Eli
STREET ADDRESS	6761 SW 89TH TERR	2.3 STREET ADDRESS	6761 S.W. 89th Terr.
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHORNSTEIN, DAVE	3.2 NAME	Brewer, Walter (Change from VD to PD)
STREET ADDRESS	6746 SW 89TH TERRACE	3.3 STREET ADDRESS	6740 S.W. 89th Terr.
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREWER, WALTER	4.2 NAME	Spritzer, Michael
STREET ADDRESS	6740 SW 89TH TERRACE	4.3 STREET ADDRESS	6720 S.W. 89th Terrace
CITY-ST-ZIP	MIAMI FL 33156	4.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEAR, MUARRY	5.2 NAME	
STREET ADDRESS	6750 SW 89TH TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAAGER, EDITH ROYCE	6.2 NAME	
STREET ADDRESS	6776 SW 89TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	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:

Adele Berger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/99

305-237-2596

Date

Daytime Phone #

CR2E037-11/99