

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44904

1. Entity Name

SWAN LAKE OWNER'S ASSOCIATION, INC.

Principal Place of Business

8900 SW 67TH CT.
MIAMI FL 33156

Mailing Address

C/O THE FOSTER CO
PO BOX 565820
MIAMI FL 33256-5860
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0293028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name *The Foster Company*
Street Address (P.O. Box Number is Not Acceptable)
12394 SW 82 Ave
City *Miami* FL Zip Code *33156*

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BERGER, ADELE E	
STREET ADDRESS	6771 SW 89TH TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FEINBERG, ELI	
STREET ADDRESS	6761 SW 89TH TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BREWER, WALTER	
STREET ADDRESS	6740 S.W. 89TH TERR.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	Delete
NAME	BREWER, WALTER	
STREET ADDRESS	6740 SW 89TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SPRITZER, MICHAEL	
STREET ADDRESS	6750 SW 89TH TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZAAGER, EDITH ROYCE	
STREET ADDRESS	6776 SW 89TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jules ARKIN	
STREET ADDRESS	8801 SW 68 Ave	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, ELI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY & DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. THOMAS J. RICE	
STREET ADDRESS	6705 SW 88 TR.	
CITY-ST-ZIP	MIAMI, FL 33156	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, Walter	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. THOMAS BURGER	
STREET ADDRESS	6745 SW 89 TR.	
CITY-ST-ZIP	MIAMI FL 33156	

CR2E037 (10/00)

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90027 023 ****61.25



DO NOT WRITE IN THIS SPACE