

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91055 010 \*\*\*\*61.25

**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

7. Name and Address of New Registered Agent

**THE FOSTER COMPANY  
12394 SW 82 AVE  
MIAMI FL 33156**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **PD ARKIN, JULES** ☐ Delete  
STREET ADDRESS **8801 SW 68 AVE.**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE  
NAME **Charles Ruffner** ☐ Change ☒ Addition  
STREET ADDRESS **8830 SW 67 CT.**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE  
NAME **VP-D ZAAGER, EDITH R** ☐ Delete  
STREET ADDRESS **6776 SW 89TH TERRACE**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **VPD RICE, THOMAS J DR.** ☒ Delete  
STREET ADDRESS **6705 SW 88 TR**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **SD STARNCE, ROGER** ☐ Delete  
STREET ADDRESS **6755 SW 89 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **D DEL BUSTO, EUGENIO** ☒ Delete  
STREET ADDRESS **67011 SW 88 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Handwritten Signature]* 3/13/03

CR2E037 (10/02)