
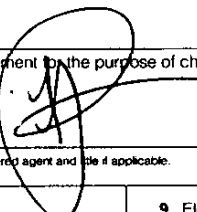
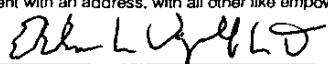
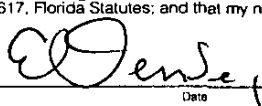


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90015 020 ****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 12396 SW 82 AVE MIAMI, FL 33156 US	
2. Principal Place of Business - No P.O. Box # 9000 SW 152nd Street		3. Mailing Address 9000 SW 152nd Street	
Suite, Apt. #, etc. #102		Suite, Apt. #, etc. #102	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33157		Zip 33157	
Country USA		Country USA	
4. FEI Number 65-0293028		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE FOSTER COMPANY 12394 SW 82 AVE MIAMI, FL 33156		7. Name and Address of New Registered Agent Name THE FOSTER COMPANY Street Address (P.O. Box Number is Not Acceptable) 9000 SW 152nd Street, #152 City MIAMI FL Zip Code 33157	
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 		DATE 2/20/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STREET ADDRESS CITY-ST-ZIP	DP-D WAGSHULL, D. ALLAN 8810 SW 67 ST MIAMI, FL 33156	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEINBERG, ELI 6761 SW 89TH TERR MIAMI, FL 33156	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUFFNER, CHARLES 8830 SW 67TH CT MIAMI, FL 33156	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERGER, ADELE E 6771 SW 89 TR MIAMI, FL 33156	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARNER, ROGER 6755 SW 89TH TERR MIAMI, FL 33156	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #	

40027757



01112007 Chg-NP CR2E037 (12/06)

2/15/07