

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90140 013 \*\*\*\*61.25

**DOCUMENT # N98000006960**  
 Entity Name  
**SUNSWEEP LAKE HOMEOWNER'S ASSOCIATION INC**

Principal Place of Business  
**2455 NE 209 TER**  
**N. MIAMI BEACH FL**  
**33180**

Mailing Address  
**2455 NE 209 TER**  
**N MIAMI BEACH FL**  
**33180**

**80090015**

Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address:  
 Suite, Apt. #, etc.  
 City & State  
 Zip

4. FEI Number  
**65-0888107**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

**SCHWARTZ, ROBERT D.**  
**555 J. FEDERAL HIGHWAY**  
**SUITE 430**  
**BOCA RATON FL 33432**

## 7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

## OFFICERS AND DIRECTORS

<b>D MIRANDA, LILLIAN</b> 2455 NE 209 TER N MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
<b>D MIRANDA, FILBERTO</b> 2455 NE 209 TER N MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
<b>D AZULAY, VANERIE</b> 21031 NE 24 CT N MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
<b>D SCHOENLANK, PETER</b> 21020 NE 25 CT N MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
<b>D KRUTCHIK, ELAINE</b> 2455 NE 209 TER N MIAMI BEACH FL 33180	<input type="checkbox"/> Delete
<b>D OKRENT, KAREN</b> 21301 NE 24 CT N MIAMI BEACH FL 33180	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

<b>D KRUTCHIK, MARVIN</b> 2455 NE 209 TER N MIAMI BEACH FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D KOENIG, GREG</b> 21010 NE 25 CT N MIAMI BEACH FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>D PEREZ, MONTE</b> 21021 NE 24 CT N MIAMI BEACH FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Elaine Krutchnik** ELAINE KRUTCHNIK  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/00

305 935-0340

Date Daytime Phone #

CR2E037 (9/99)