

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006960

1. Entity Name

SUNSWPT LAKE HOMEOWNER'S ASSOCIATION INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90082 034 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2455 NEW 209 TERR  
NORTH MIAMI BEACH FL 33180

2455 NEW 209 TERR  
NORTH MIAMI BEACH FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0888107

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

SCHWARTZ, ROBERT D  
555 S FEDERAL HWY  
STE 430 330  
BOCA RATON FL 33432

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.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME MIRANDA, LILLIAN  
STREET ADDRESS 2445 NE 209 TERRACE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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

TITLE D ☒ Delete  
NAME MIRANDA, GILBERTO  
STREET ADDRESS 2445 NE 209 TERRACE  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE ☐ Change ☒ Addition  
NAME PEREL MONTE  
STREET ADDRESS 21021 NE 24 CT  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ Delete  
NAME AZULAY, VALERIE  
STREET ADDRESS 21031 NE 24 CT.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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

TITLE D ☐ Delete  
NAME SCHOENLANK, PETER  
STREET ADDRESS 21020 NE 25 CT.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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

TITLE D ☐ Delete  
NAME KRUTCHIK, ELAINE  
STREET ADDRESS 2455 NE 209 TERR  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

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

TITLE D ☐ Delete  
NAME OKRENT, KAREN  
STREET ADDRESS 21301 NE 24 CT.  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE ☐ Change ☐ Addition  
NAME  
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:

ELAINE KRUTCHIK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25

305 935-0343

Date

Daytime Phone #

CR2E037 (10/00)