

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90004 036 ****61.25

DOCUMENT # N98000006960

1. Entity Name
SUNSWEPT LAKE HOMEOWNER'S ASSOCIATION INC.



Principal Place of Business
**2455 NEW 209 TERR
NORTH MIAMI BEACH, FL 33180**

Mailing Address
**2455 NEW 209 TERR
NORTH MIAMI BEACH, FL 33180**

DO NOT WRITE IN THIS SPACE



01132004 No Chg-NP CR2E037 (10/03)

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

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MONTE, PEREZ
21021 NE 24 COURT
NORTH MIAMI BEACH, FL 33180**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KRUTCHIK, MARVIN
2455 NEW 209 TERR
NORTH MIAMI BEACH, FL 33180**

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

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

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IN THIS SPACE**

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 Krutich **ELAINE KRUTCHIK** 2/8/04 365 935-8343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #