


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000006960 1. Entity Name SUNSWEPT LAKE HOMEOWNER'S ASSOCIATION INC.	
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Principal Place of Business 2455 NEW 209 TERR NORTH MIAMI BEACH, FL 33180	Mailing Address 2455 NEW 209 TERR NORTH MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0888107	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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

1100000308773
04/16/05-80011-001 61.25

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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)(f), 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 **ELAINE KRUTCHIK** 4/16/05 305 935-0343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #