


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90061 041 ****61.25

DOCUMENT # N98000006960	
1. Entity Name SUNSWPT 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
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60009084

2. Principal Place of Business 2455 NE 209 TERR	3. Mailing Address 2455 NE 209 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01252006 Chg-NP CR2E037 (11/05)

City & State	City & State
Zip	Country

4. FEI Number 65-0888107	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
SCHWARTZ, ROBERT D 555 S FEDERAL HWY STE 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

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
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Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	MIRANDA, LILLIAN
STREET ADDRESS	2445 NE 209 TERRACE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	MONTE, PEREZ
STREET ADDRESS	21021 NE 24 COURT
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	AZULAY, VALERIE
STREET ADDRESS	21031 NE 24 CT.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	KRUTCHIK, MARVIN
STREET ADDRESS	2455 NEW 209 TERR
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	KRUTCHIK, ELAINE
STREET ADDRESS	2455 NE 209 TERR
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D <input type="checkbox"/> Delete
NAME	OKRENT, KAREN
STREET ADDRESS	21301 NE 24 CT.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <u>Elaine Krutchik</u> ELAINE KRUTCHIK	1/25/06	305 935-0343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #