## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 28, 2008 8:00 am Secretary of State

DOCUMENT # N9800006960  1. Entity Name SUNSWEPT LAKE HOMEOWNER'S ASSOCIATION INC.						03-28-2008	8 90036 049 ****	61.25	
Principal Place of Business  2455 NE 209 TERR  NORTH MIAMI BEACH, FL 33180  Mailing Address  2455 NE 209 TERR  NORTH MIAMI BEACH, FL				33180		10/11 <b>63</b> /11 <b>63</b> /11 <b>13</b> /11	I 1514 5818 8818 8818 8110 81		
Principal Place of Business - No P.O. Box #     Mailing Address									
Suite, Apt. #, etc. Su			uite, Apt. #, etc.		03232008 CI	hg-NP	CR2E037 (12/06)		
City & State		City	City & State		4. FEI Number 65-088810	)7	<del> </del> +	oplied For of Applicable	
Zip	Country	Zíp		Country	5. Certificate of St	atus Desired	S8.75 Add Fee Require		
	6. Name and Address	of Current Registere	d Agent		7. Name and Add	ress of New R	egistered Agent		
SCHWARTZ, ROBERT D				Name	Name -				
555 S FEDERAL HWY STE 430				Street Address (P.O. Box Number is Not Acceptable)					
BOCA RATON, FL 33432									
Y				City	FL Zip Code				
the obligat	named entity submits this s tions of registered agent.	tatement for the purpo	ose of changing its re	gistered office or regis	stered agent, or both, in	the State of Flo	orida. I am familiar with,	and accept	
SIGNATURE	Clanature, buned as printed name of re								
	Signature, typed or printed name of re	egistered agent and title ii appi	icable. (NOTE: He	egistered Agent signature requ	iired when reinstating)		DATE		
<u> </u>	Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees		ake check payable t		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICE		9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Flor	ake check payable t ida Department of S	tate	
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Interest certify that the information supplied with this filling 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 ecoiver 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 otherwise empowered.

GNATURE:

| Comparison | Compar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #