


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90154 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001149					
1. Corporation Name SWAN'S LANDING HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BCH FL 33441 US			Mailing Address 1215 E HILLSBORO BLVD DEERFIELD BCH FL 33441 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date incorporated or Qualified 02/28/1996 4. FEI Number 65-0686828 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KTG & S REGISTERED AGENT CORP 100 SE 2ND ST 28TH FLOOR MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NO "E" Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent, and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE PD NAME EISENMAN, TOREY STREET ADDRESS 8190 STATE ROAD 84 CITY-ST-ZIP DAVIE FL 33324 <input checked="" type="checkbox"/> DELETE			1.1 TITLE P/D 1.2 NAME RICK BLACKBURN 1.3 STREET ADDRESS 6200 SWANS TERRACE 1.4 CITY-ST-ZIP COCONUT CREEK, FL. 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE VPD NAME WOODREY, SCOTT STREET ADDRESS 8190 STATE ROAD 84 CITY-ST-ZIP DAVIE FL 33324 <input checked="" type="checkbox"/> DELETE			2.1 TITLE VPD 2.2 NAME MARC FORMAN 2.3 STREET ADDRESS 6240 SWANS TERRACE 2.4 CITY-ST-ZIP COCONUT CREEK, FL. 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE STD NAME BLAIR, GREG STREET ADDRESS 8190 STATE ROAD 84 CITY-ST-ZIP DAVIE FL 33324 <input checked="" type="checkbox"/> DELETE			3.1 TITLE T/D 3.2 NAME JOE CASTIGLIONE 3.3 STREET ADDRESS 6181 SWANS TERRACE 3.4 CITY-ST-ZIP COCONUT CREEK, FL. 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			4.1 TITLE S/P 4.2 NAME BEVERLY BARAN 4.3 STREET ADDRESS 4851 SWANS MANOR 4.4 CITY-ST-ZIP COCONUT CREEK, FL. 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			5.1 TITLE D 5.2 NAME ARTHUR MULLER 5.3 STREET ADDRESS 4991 SWANS LANE 5.4 CITY-ST-ZIP COCONUT CREEK, FL. 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)