

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JUL 12 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001149

**1. Corporation Name**

SWAN'S LANDING HOMEOWNERS ASSOCIATION, INC.

**2. Principal Office Address**

C/O CAMPBELL Prop. mgmt  
1215 E. HILLSBORO BLVD

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL.

Zip

33441

Country

BROWARD

**3. Mailing Office Address**

C/O CAMPBELL Prop. mgmt.  
1215 E. HILLSBORO BLVD.

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

BROWARD

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/28/96

**5. FEI Number**

650686828

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CAMPBELL PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable)

1215 E. HILLSBORO BLVD

Suite, Apt. #, Etc.

City

DEERFIELD BEACH,

State

FL

Zip Code

33441

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

6-27-2005

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NEWMAN, JEFF	6190 SWAN'S TERRACE	COCONUT CREEK, FL 33073
V	WILLS, DEBBIE	6191 SWAN'S TERRACE	COCONUT CREEK, FL 33073
T	COSEO, SUSAN	6210 SWAN'S TERRACE	COCONUT CREEK, FL 33073
S	NEWMAN, DEBORAH	6190 SWAN'S TERRACE	COCONUT CREEK, FL 33073

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEFF NEWMAN

Date

6/27/05

Daytime Phone #

5814383168

CR2E081 (01/05)