## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000001149

FILED Apr 09, 2009 Secretary of State

Entity Name: SWAN'S LANDING HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BCH, FL 33441 US **New Mailing Address: Current Mailing Address:** C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BCH, FL 33441 US FEI Number: 65-0686828 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL PROPERTY MANAGEMENT 1215 E HISLBORO BLVD DEERFIELD BEACH, FL 33441 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition NEWMAN, JEFF NEWMAN, JEFF Name: Name: 6190 SWAN'S TERRACE Address: 6190 SWAN'S TERRACE Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073 Title: Title: ( ) Delete (X) Change ( ) Addition WILLS, DEBBIE Name: SEBEST, JIM Name: Address: 6191 SWAN'S TERRACE Address: 4891 SWANS MANOR City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073 Title: () Delete Title: (X) Change ( ) Addition BERINGER, SUSAN SCHECHTER, CORY Name: Name: Address: 6250 SWANS TERR Address: 4821 SWANS MANOR City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073 Title: ( ) Delete Title: (X) Change ( ) Addition Name: NEWMAN, DEBORAH Name: SEGAL, ROZ 6181 SWANS TERRACE Address: 6190 SWAN'S TERRACE Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip: COCONUT CREEK, FL 33073 Title: () Delete Title: ( ) Change (X) Addition MUELLER, LYN Name: Name: 6220 SWANS TERRACE Address: Address: City-St-Zip: City-St-Zip: COCONUT CREEK, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM SEBEST Ρ 04/09/2009