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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000001149 (1)
 1. Corporation Name

SWAN'S LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2826 UNIVERSITY DRIVE CORAL SPRINGS FL 33065	Mailing Address 2826 UNIVERSITY DRIVE CORAL SPRINGS FL 33065
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3. Date Incorporated or Qualified 02/28/1996
4. FEI Number 65-0686828
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Ch Campbell Property Management Suite, Apt. #, etc.	2a. Mailing Address 1215 E. Hillsboro Blvd
22 1215 E. Hillsboro Blvd	27
City & State Deerfield Bch, FL	City & State Deerfield Bch, FL
Zip 33441	Country USA
24 33441	25 USA
28 33441	30 USA

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SOUTH FLORIDA RESIDENT AGENTS, INC.
 200 S. BISCAYNE BLVD., STE. 4750
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

RTA S Registered Agent Corp
100 32nd St
283 Floor
Miami FL 33131

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: Michael Kositzky **Michael Kositzky, President 4/8/98**

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE PD	NAME JENSEN, E.C.	<input type="checkbox"/>
STREET ADDRESS 2826 UNIVERSITY DRIVE	CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE DV	NAME MARTZ, SUSANNAH M	<input type="checkbox"/>
STREET ADDRESS 2826 UNIVERSITY DRIVE	CITY-ST-ZIP CORAL SPRINGS FL	
TITLE D	NAME HARRIS, WILLIAM	<input type="checkbox"/>
STREET ADDRESS 2826 UNIVERSITY DRIVE	CITY-ST-ZIP CORAL SPRINGS FL	
TITLE D	NAME RICHARDS, TIM	<input checked="" type="checkbox"/>
STREET ADDRESS 2826 UNIVERSITY DRIVE	CITY-ST-ZIP CORAL SPRINGS FL	
TITLE DST	NAME LEVINE, DAVID	<input checked="" type="checkbox"/>
STREET ADDRESS 2826 UNIVERSITY DRIVE	CITY-ST-ZIP CORAL SPRINGS FL 33065	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE PD	1.2 NAME Torey Eisenman	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.3 STREET ADDRESS 8190 State Road 84	1.4 CITY-ST-ZIP Davie, FL 33324		
2.1 TITLE VDP	2.2 NAME Scott Woodrey	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.3 STREET ADDRESS 8190 State Road 84	2.4 CITY-ST-ZIP Davie, FL 33324		
3.1 TITLE STD	3.2 NAME Greg Blair	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 STREET ADDRESS 8190 State Road 84	3.4 CITY-ST-ZIP Davie, FL 33324		
4.1 TITLE	4.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
5.1 TITLE	5.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	6.2 NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP		

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.

SIGNATURE: Torey Eisenman **Torey Eisenman 3/9/98 (954) 370-0003**

CR2E037 (10/97)