

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001149

1. Entity Name

SWAN'S LANDING HOMEOWNERS' ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90029 034 ****61.25

Principal Place of Business C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBOR BLVD DEERFIELD BCH FL 33441 US	Mailing Address 1215 E HILLSBORO BLVD DEERFIELD BCH FL 33441-4203 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 65-0686828	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HAMMEL, EDWARD S-
 %MATTLIN & MCCLOSKEY
 2300 GLADES RD., STE. 400, EAST TOWER
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MULLER, ARTHUR	
STREET ADDRESS	4971 SWANS LANE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARAN, BEVERLY	
STREET ADDRESS	4851 SWANS MANOR	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLACKBURN, RICK	
STREET ADDRESS	6200 SWANS TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FORMAN, MARC	
STREET ADDRESS	6240 SWANS TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTIGLIONE, JOE	
STREET ADDRESS	6181 SWANS TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH CASTIGLIONE 03/13/00 954-730-4349
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)