


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90035 011 ****61.25

DOCUMENT # N96000001149
 1. Entity 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 C/O CAMPBELL PROPERTY MANAGEMENT 1215 E HILLSBORO BLVD DEERFIELD BCH FL 33441 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State	4. FEI Number 65-0686828	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	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
**CAMPBELL PROPERTY MANAGEMENT
 1215 E HILLSBORO BLVD
 DEERFIELD BEACH FL 33441**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW - FEE IS \$61.25
 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NEWMAN, JEFF	
STREET ADDRESS	6190 SWAN'S TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLS, DEBBIE	
STREET ADDRESS	6191 SWAN'S TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	T	<input type="checkbox"/> Delete
NAME	COSEO, SUSAN	
STREET ADDRESS	6210 SWAN'S TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	S	<input type="checkbox"/> Delete
NAME	NEWMAN, DEBORAH	
STREET ADDRESS	6190 SWAN'S TERRACE	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		

BERINGER, SUSAN - 6250 SWAN'S TERRACE COCONUT CREEK, FL 33073 Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ *Uholat*