


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90040 021 ****61.25

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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

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

07032007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0686828

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 **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

Filing Fee is \$61.25
Due by September 14, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **NEWMAN, JEFF**
 STREET ADDRESS **6190 SWAN'S TERRACE**
 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **WILLS, DEBBIE**
 STREET ADDRESS **6191 SWAN'S TERRACE**
 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **BERINGER, SUSAN**
 STREET ADDRESS **6250 SWANS TERR**
 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **NEWMAN, DEBORAH**
 STREET ADDRESS **6190 SWAN'S TERRACE**
 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #