

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90048 002 ***150.00

0251283

DOCUMENT # P99000030619

1. Entity Name
SWINDSOR COMMONS, INC.

Principal Place of Business 6400 NORTH ANDREW AVE. FT. LAUDERDALE FL 33309	Mailing Address 6400 NORTH ANDREW AVE. FT. LAUDERDALE FL 33309
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835398



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 300 S.E. 2nd Street	3. Mailing Address 300 S.E. 2nd Street
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Suite, Apt. #, etc. 8th Floor-Stiles	Suite, Apt. #, etc. 8th Floor-Stiles
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City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
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Zip 33301	Country	Zip 33301	Country
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4. FEI Number 65-0911391	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUKE, BRYAN W
 6400 NORTH ANDREW AVE.
 FT. LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name Patricia Jones
Street Address (P.O. Box Number is Not Acceptable) c/o Stiles corporation
300 S.E.2nd Street
City Ft. Lauderdale FL Zip Code 33301

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

3/26/01

Signature, typed or printed name of registered agent and title if applicable.
Patricia Jones

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STILES, TERRY W 6400 NORTH ANDREW AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT EAGON, DOUGLAS P 6400 NORTH ANDREW AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA 6400 NORTH ANDREW AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, STEPHEN R 6400 NORTH ANDREW AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINE, JAMES W 6400 NORTH ANDREW AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRERA, ROCCO 6400 NORTH ANDREW AVE. FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STILES TERRY W. 300 S.E. 2nd Street Ft. Lauderdale FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT EAGON, DOUGLAS P. 300 S.E. 2nd Street Ft. Lauderdale FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA 300 S.E. 2nd Street Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, STEPHEN R. 300 S.E. 2nd Street Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINE, JAMES W. 300 S.E. 2nd Street Ft. Lauderdale, FL 33302	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRERA, ROCCO 300 S.E. 2nd Street Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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
Rocco Ferrera, Vice President

3/26/01

Date

954/627-9300

Daytime Phone #

CR2E034 (10/00)

Attachment 835398

UNIFORM BUSINESS REPORT

999000030619

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	V	Addition
NAME:	O'SHEA, DENNIS F.	
STREET ADDRESS:	300 SE 2nd St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	