

**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<br><b>6400 NORTH ANDREW AVE.<br/>         FT. LAUDERDALE FL 33309</b> | Mailing Address<br><b>6400 NORTH ANDREW AVE.<br/>         FT. LAUDERDALE FL 33309</b> |
|---|---|

**835398**



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><b>300 S.E. 2nd Street</b> | 3. Mailing Address<br><b>300 S.E. 2nd Street</b> |
|--|--|

|  |  |
|--|--|
| Suite, Apt. #, etc.<br><b>8th Floor-Stiles</b> | Suite, Apt. #, etc.<br><b>8th Floor-Stiles</b> |
|--|--|

|   |   |
|---|---|
| City & State<br><b>Ft. Lauderdale, FL</b> | City & State<br><b>Ft. Lauderdale, FL</b> |
|---|---|

|                     |         |                     |         |
|---------------------|---------|---------------------|---------|
| Zip<br><b>33301</b> | Country | Zip<br><b>33301</b> | Country |
|---------------------|---------|---------------------|---------|

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0911391</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

99000030619

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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