

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90136 041 ****61.25

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DOCUMENT # N99000007168

1. Entity Name

SWALLOWFORK SUBDIVISION, HOMEOWNERS ASSOCIATION,

Principal Place of Business

3000 US HWY. 301 SOUTH
 CALLAHAN FL 32011

Mailing Address

3000 US HWY. 301 SOUTH
 CALLAHAN FL 32011

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3666713

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HIGGINBOTHAM, NORWOOD E
3000 US HWY. 310 SOUTH
CALLAHAN FL 32011

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, NORWOOD E	
STREET ADDRESS	3000 US HWY. 301 SOUTH	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINDSOR, SHANA D	
STREET ADDRESS	6157 COTTONTAIL TRAIL	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINDSOR, JEFFREY	
STREET ADDRESS	6157 COTTONTAIL TRAIL	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIGGINBOTHAM, JUDY M	
STREET ADDRESS	3000 US HWY. 301 SOUTH	
CITY-ST-ZIP	CALLAHAN FL 32011	
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
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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: *Norwood E. Higginbotham* **Norwood E. Higginbotham** 4-17-01 904-879-5933
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

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DO NOT WRITE IN THIS SPACE