


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90011 026 \*\*\*\*61.25

**DOCUMENT # N99000007168**

1. Entity Name  
**SWALLOWFORK SUBDIVISION, HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**447988 US HWY. 301 SOUTH**      **447988 US HWY. 301 SOUTH**  
**CALLAHAN FL 32011**      **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

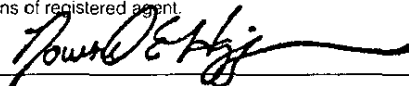
4. FEI Number      Applied For  
**59-3666713**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**HIGGINBOTHAM, NORWOOD E**  
**3000 US HWY. 301 SOUTH**  
**CALLAHAN FL 32011**

**7. Name and Address of New Registered Agent**  
 Name  
**Higginbotham, Norwood E.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**44001 Rolling Hill Lane**  
 City  
**Callahan**      **FL**      Zip Code  
**32011**

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  **Norwood E. Higginbotham**      DATE **2-15-04**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HIGGINBOTHAM, NORWOOD E 3000 US HWY. 301 SOUTH CALLAHAN FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINDSOR, SHANA D 6157 COTTONTAIL TRAIL CALLAHAN FL 32011	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINDSOR, JEFFREY 6157 COTTONTAIL TRAIL CALLAHAN FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGGINBOTHAM, JUDY M 3000 US HWY. 301 SOUTH CALLAHAN FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kaye Higginbotham 447952 U.S. Hwy 301 Callahan FL 32011	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Higginbotham, Norwood E 44001 Rolling Hill Lane Callahan FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Judy Higginbotham (D) 44001 Rolling Hill Lane Callahan FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Windsor, Jeffery 44001 Kingbird Dr. Callahan FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**      Date **2-15-04**      Daytime Phone # **904 879 5933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



MOORE CR2E037 (11/03)