
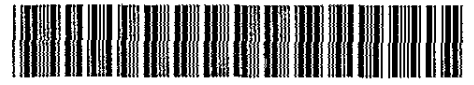


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000007168 1. Entity Name SWALLOWFORK SUBDIVISION, HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 447988 US HWY. 301 SOUTH CALLAHAN FL 32011	Mailing Address 447988 US HWY. 301 SOUTH CALLAHAN FL 32011
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3666713
Suite, Apt #, etc.	Suite, Apt #, etc.	Applied For Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip
		Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**HIGGINBOTHAM, NORWOOD E
44001 ROLLING HILL LANE
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. 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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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		<input type="checkbox"/> Delete
TITLE	PD HIGGINBOTHAM, NORWOOD E	<input type="checkbox"/>
NAME	HIGGINBOTHAM, NORWOOD E	
STREET ADDRESS	44001 ROLLING HILL LANE	
CITY - ST - ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/>
NAME	WINDSOR, JEFFREY	
STREET ADDRESS	44001 ROLLING HILL LANE	
CITY - ST - ZIP	CALLAHAN FL 32011	
TITLE	D	<input type="checkbox"/>
NAME	HIGGINBOTHAM, JUDY M	
STREET ADDRESS	44001 ROLLING HILL LANE	
CITY - ST - ZIP	CALLAHAN FL 32011	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

U00000414620
02/11/06-80044-022 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1-26-05 904-879-593**