

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90052 005 ****61.25

DOCUMENT # N12287

1. Entity Name
SW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O JAMES P. MELIA
127 ANTON CT
HOMOSASSA, FL 34446 US

Mailing Address

C/O JAMES P. MELIA
127 ANTON CT
HOMOSASSA, FL 34446 US



01052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KALTENBACH, MARLENE
103 ANTON CT
HOMOSASSA, FL 34446

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME DELGADO, LAWRENCE
STREET ADDRESS 127 ANTON CT
CITY-ST-ZIP HOMOSASSA, FL 34446

*NO LONGER A
BOARD MEMBER*

TITLE D
NAME SHERIDAN, PATRICIA
STREET ADDRESS 180 PINE ST
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE D
NAME GRAHAM, FRANCES
STREET ADDRESS 115 ANTON COURT
CITY-ST-ZIP HOMOSASSA, FL

TITLE D
NAME PETO, RICHARD
STREET ADDRESS 95 ANTON CT
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE PD
NAME KALJENBACH, GEORGE
STREET ADDRESS 103 ANTON CT
CITY-ST-ZIP HOMOSASSA, FL 34446

TITLE TD
NAME MELIA, JAMES
STREET ADDRESS 127 ANTON COURT
CITY-ST-ZIP HOMOSASSA, FL 34446

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James P. Melia
JAMES P. MELIA

2/10/2004 352-382-4625