

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 758815

1. Entity Name

**SWALLOW NEST CONDOMINIUM HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**441 SWALLOW DR.
MIAMI SPRINGS FL 33166-4457
US**

**C/O LUCIA DE LEO
641 SWAN AVENUE
MIAMI FL 33166-3934
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

65-0113735

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DELEO, LUCIA
641 SWAN AVENUE
MIAMI SPRINGS FL 33166-4457**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 33166-3934

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 is required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME SANTIESTEBAN, JORGE
STREET ADDRESS 441 SWALLOW DRIVE SUITE 2
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Change ☐ Addition
NAME **U000000311322**
STREET ADDRESS **05/07/08-80037-001 61.25**
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME SIDDONS, JOHN
STREET ADDRESS 1140 PLOVER AVENUE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME DELEO, LUCIA
STREET ADDRESS 641 SWAN AVENUE
CITY-ST-ZIP MIAMI SPRINGS FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lucia De Leo* **Lucia De Leo** *April 15, 2008*