

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90039 019 \*\*\*\*61.25

<b>DOCUMENT # N01000006201</b> 1. Entity Name <b>SWIFT CREEK WOODS HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1580-2 BANNERMAN RD TALLAHASSEE, FL 32312</b>			Mailing Address <b>1580-2 BANNERMAN RD TALLAHASSEE, FL 32312</b>		
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 <b>59-3749853</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>EDDY, MARIE 1580-2 BANNERMAN RD TALLAHASSEE, FL 32312</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KANTOR, MARTHA A</b>		NAME	<b>COONEY, BARBARA</b>	
STREET ADDRESS	<b>5641 BRAVEHEART WAY</b>		STREET ADDRESS	<b>5655 SIOUX DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32317</b>		CITY-ST-ZIP	<b>TALLAHASSEE, FL 32317</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, WILLIAM</b>		NAME	<b>Reaves, Stephanie</b>	
STREET ADDRESS	<b>5735 SIOUX DR</b>		STREET ADDRESS	<b>5633 SIOUX DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32317</b>		CITY-ST-ZIP	<b>TALLAHASSEE, FL 32317</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HARRIS, GARY A</b>		NAME	<b>YORK, LAURA</b>	
STREET ADDRESS	<b>5688 BRAVEHEART WAY</b>		STREET ADDRESS	<b>5643 SIOUX DR.</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32317</b>		CITY-ST-ZIP	<b>TALLAHASSEE, FL 32317</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>VINSON, Kelly</b>	
STREET ADDRESS			STREET ADDRESS	<b>1008 HUKON TRAIL</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>TALLAHASSEE, FL 32317</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>3/21/05</b>		
			Daytime Phone # <b>850-894-1919</b>		

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