2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State
04-12-2006 90081 018 ****61.25

DOCUMENT # N01000006201

1. Entity Name
SWIFT CREEK WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312	7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312

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04112006 Chg-NP CR2E037 (11/05)

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 59-3749853 ☐ Applied For ☐ Not Applicable

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
EDDY, MARIE ~~1500 2 BANNERMAN RD~~ TALLAHASSEE, FL 32312	Name EDDY, MARIE Street Address (P.O. Box Number is Not Acceptable) 7113 Beech Ridge Trail Ste 1 City TALLAHASSEE FL Zip Code 32312

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

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KANTOR, MARTHA A 5641 BRAVEHEART WAY TALLAHASSEE, FL 32317	☒ Delete	D PAGAN, Cherie 5688 BraveHeart Way TALLAHASSEE FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNEY, BARBARA 5655 SIOUX DR TALLAHASSEE, FL 32317	☒ Delete	PD PAULSEN, KARL 5629 SIOUX DR TALLAHASSEE, FL 32317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REAVES, STEPHANIE, 5633 SIOUX DR SIOUX DR TALLAHASSEE, FL 32317	☐ Delete	SD PEERSON, LISA 5736 BRAVEHEART WAY TALLAHASSEE, FL 32317	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YORK, LAURA 5693 SIOUX DR TALLAHASSEE, FL 32317	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VINSON, KELLY 1008 HURON TRAIL TALLAHASSEE, FL 32317	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ 4/11/06 850-894-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #