

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2008 8:00 am**  
**Secretary of State**

02-13-2008 90024 026 \*\*\*\*61.25

<b>DOCUMENT # N01000006201</b>					
<b>1. Entity Name</b> SWIFT CREEK WOODS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312			<b>Mailing Address</b> 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312		
<b>2. Principal Place of Business - No P.O. Box #</b> 1607 Village Square Blvd Suite, Apt. #, etc. <u>Suite 8</u>		<b>3. Mailing Address</b> 1607 Village Sq. Blvd. Suite, Apt. #, etc. <u>Suite 8</u>			
<b>City &amp; State</b> TALLAHASSEE, FL		<b>City &amp; State</b> TALLAHASSEE, FL		<b>4. FEI Number</b> 59-3749853	
<b>Zip</b> 32309		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RITCHIEY, PATRICK 7113 BEECH RIDGE TRAIL SUITE 1 TALLAHASSEE, FL 32312			<b>7. Name and Address of New Registered Agent</b> Name <u>EDDY, MARIE</u> Street Address (P.O. Box Number is Not Acceptable) <u>1607 Village Sq. Blvd. Suite 8</u> City <u>TALLAHASSEE</u> <b>FL</b> <u>32309</u>		
<b>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.</b> SIGNATURE <u>Maria Eddy Manager</u> DATE <u>1/22/08</u> <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, 2008</b>		<b>9. Election Campaign Financing</b> 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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> PAULSEN, KARL <b>STREET ADDRESS</b> 5629 SIOUX DRIVE <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> DECKER, KEVIN <b>STREET ADDRESS</b> 5748 BRAVEHEART WAY <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SWP PD <b>NAME</b> REAVES, STEPHANI <b>STREET ADDRESS</b> 5633 SIOUX DRIVE <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> HEULER, GEORGE <b>STREET ADDRESS</b> 5764 BRAVEHEART WAY <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> DVT <b>NAME</b> PEARSON, LISA <b>STREET ADDRESS</b> 5736 BRAVEHEART WAY <b>CITY-ST-ZIP</b> TALLAHASSEE, FL 32317	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>  	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Maria Eddy</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/11/08</u> Daytime Phone # <u>850-894-1919</u>		