

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002341

FILED
Feb 28, 2004
Secretary of State**Entity Name:** SWANN ESTATES NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**ONE TAMPA CITY CENTER
SUITE 2600
TAMPA, FL 33602**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 18703
TAMPA, FL 33679**New Mailing Address:****FEI Number:** 75-3112805**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WHIGHAM, DAVID L ESQ.
ONE TAMPA CITY CENTER
SUITE 2600
TAMPA, FL 33602**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HEINRICH, MICHELLE
Address: 3903 WEST SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: V () Delete
Name: CADDICK, GERARD
Address: 4016 WEST INMAN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: S () Delete
Name: RAMM, MARY
Address: 4001 INMAN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: T () Delete
Name: SHUPE, LUISA
Address: 4001 WEST SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: UHLIG, MAUREEN
Address: 3918 WEST SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: V (X) Change () Addition
Name: RAMM, MARY
Address: 4001 WEST INMAN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: S (X) Change () Addition
Name: MONTAGUE, BARBARA
Address: 4008 WEST SWANN AVENUE
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN UHLIG

P

02/28/2004

Electronic Signature of Signing Officer or Director

Date