

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002341

FILED
Mar 25, 2009
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
220 MADISON STREET, #1140
TAMPA, FL 33602 US

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: KESTER, TOM
Address: 4005 W. CLEVELAND ST.
City-St-Zip: TAMPA, FL 33609

Title: V () Delete
Name: MILLER, KAREN
Address: 3905 SWANN AVE.
City-St-Zip: TAMPA, FL 33609

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

Title: T () Delete
Name: CALDWELL, JANICE
Address: 3913 W MULLEN AVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: MONOOR, MIKE
Address: 4004 W SWANN AVE
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: WELDON, DAN
Address: 4010 W SWANN AVE
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOM KESTER

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date