

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002341

FILED
Feb 22, 2011
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
Name: KESTER, TOM
Address: 4005 W. CLEVELAND ST.
City-St-Zip: TAMPA, FL 33609

Title: T
Name: MILLER, KAREN
Address: 3905 SWANN AVE.
City-St-Zip: TAMPA, FL 33609

Title: S
Name: DAVIS, JEAN
Address: 4107 W. MCKAY AVE.
City-St-Zip: TAMPA, FL 33609

Title: V
Name: STEINBRUCKER, MARK
Address: 4106 W. CLEVELAND ST.
City-St-Zip: TAMPA, FL 33609

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

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

I hereby 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 all other like empowered.

SIGNATURE: TOM KESTER

P

02/22/2011

Electronic Signature of Signing Officer or Director

Date