

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N05404

1. Entity Name  
**CHIMNEY SWIFT HOLLOW PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
2029 CHIMNEY SWIFT HOLLOW  
TALLAHASSEE, FL 32312

Mailing Address  
2029 CHIMNEY SWIFT HOLLOW  
TALLAHASSEE, FL 32312

**FILED**

**06 APR 20 AM 10:25**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02072006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CLARKE, GARY J  
2029 CHIMNEY SWIFT HOLLOW  
TALLAHASSEE, FL 32312

**DO NOT WRITE  
IN THIS SPACE**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CLARKE, GARY J
STREET ADDRESS	2029 CHIMNEY SWIFT HOLLOW
CITY - ST - ZIP	TALLAHASSEE, FL 32312

TITLE	ST
NAME	LEDLOW, RITA
STREET ADDRESS	2029 CHIMNEY SWIFT HOLLOW
CITY - ST - ZIP	TALLAHASSEE, FL 32312

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/06--01052--012 \*\*61.25

**DO NOT WRITE  
IN THIS SPACE**

**K Ecker APR 20 2006**

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:**

*Gary J. Clarke* **Gary J. Clarke** 4/20/06 577-6557 x14  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #