

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007426

FILED
Apr 24, 2008
Secretary of State

Entity Name: SWIFT CREEK TOWNHOME OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4400 HIGHWAY 20, SUITE 313
NICEVILLE,, FL 32578

New Principal Place of Business:

4400 HIGHWAY 20, SUITE 312
NICEVILLE,, FL 32578

Current Mailing Address:

POST OFFICE BOX 5036
4400 HIGHWAY 20, SUITE 313
NICEVILLE,, FL 32578

New Mailing Address:

POST OFFICE BOX 5036
4400 HIGHWAY 20, SUITE 312
NICEVILLE,, FL 32578

FEI Number: 20-2470848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONALDSON, PATRICIA
4400 HIGHWAY 20
SUITE 308
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

DONALDSON, PATRICIA
1571 HICKORY STREET
NICEVILLE, FL 32578 US

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: PATRICIA DONLDSO

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUNT, DALE
Address: 234 WHITE STREET, UNIT 11
City-St-Zip: NICEVILLE, FL 32578

Title: ST () Delete
Name: LYTTLE, MARILYN
Address: 234 WHITE STREET, UNIT 10
City-St-Zip: NICEVILLE, FL 32578

Title: D () Delete
Name: ROBBINS, CHAN
Address: 232 WHITE STREET UNIT 5
City-St-Zip: NICEVILLE, FL 32578

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: SMITH, MICHAEL
Address: 232 WHITE STREET UNIT 4
City-St-Zip: NICEVILLE, FL 32578

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: DALE HUNT

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date