

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90052 011 ****61.25

DOCUMENT # N12287

1. Entity Name
SW CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

C/O JAMES P. MELIA
127 ANTON CT
HOMOSASSA, FL 34446 US

Mailing Address

C/O JAMES P. MELIA
127 ANTON CT
HOMOSASSA, FL 34446 US

DO NOT WRITE IN THIS SPACE



01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number: NOT APPLICABLE Applied For: Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MELIA, JAMES P
127 ANTON CT
HOMOSASSA, FL 34446

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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 \$81.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CASEY, PATRICIA
STREET ADDRESS	135 ANTON CT.
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	D
NAME	MELIA, JAMES P
STREET ADDRESS	113 ANTON CT
CITY-ST-ZIP	HOMOSASSA, FL
TITLE	D
NAME	HOUGHAM, DON
STREET ADDRESS	107 ANTON CT
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	PD
NAME	KALTENBACH, GEORGE
STREET ADDRESS	103 ANTON CT
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	TD
NAME	MELIA, JAMES
STREET ADDRESS	127 ANTON COURT
CITY-ST-ZIP	HOMOSASSA, FL 34446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

James P. Melia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-382-4625