

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12287

FILED
Jan 08, 2009
Secretary of State

Entity Name: SW CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELIA, JAMES P
127 ANTON CT
HOMOSASSA, FL 34446 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: D () Delete
Name: HUFFMAN, VIRGINIA
Address: 95 ANTON CT
City-St-Zip: HOMOSASSA, FL 34446

Title: D () Delete
Name: MCCOE, CHARLES
Address: 113 ANTON CT
City-St-Zip: HOMOSASSA, FL

Title: D () Delete
Name: HOUGHAM, DON
Address: 107 ANTON CT
City-St-Zip: HOMOSASSA, FL 34446

Title: PD () Delete
Name: KALTENBACH, GEORGE
Address: 103 ANTON CT
City-St-Zip: HOMOSASSA, FL 34446

Title: TD () Delete
Name: MELIA, JAMES
Address: 127 ANTON COURT
City-St-Zip: HOMOSASSA, FL 34446

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
Name:
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: JAMES P. MNELIA

TRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date