

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13711

FILED
May 17, 2004
Secretary of State**Entity Name:** SWIFT BAYOU TOWNHOMES OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**200 WHITE ST
P.O. BOX 0131
NICEVILLE, FL 32588 US**New Principal Place of Business:****Current Mailing Address:**200 WHITE ST
P.O. BOX 0131
NICEVILLE, FL 32588 US**New Mailing Address:****FEI Number:** 59-2894134 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COPELAND, PAMELA P
200 WHITE ST
UNIT 15
NICEVILLE, FL 32578 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: WELCH, LOREN
Address: 101A 3RD STREET
City-St-Zip: NICEVILLE, FL 32578 US**Title:** VPD () Delete
Name: ERLE, JOHN J
Address: 200 WHITE ST #19
City-St-Zip: NICEVILLE, FL 32578 US**Title:** SD () Delete
Name: COPELAND, PAMELA P
Address: 200 WHITE ST, UNIT 15
City-St-Zip: NICEVILLE, FL 32578 US**Title:** P () Delete
Name: HARRIS, JOHN CAPT.
Address: 200 WHITE STREET, UNIT 16
City-St-Zip: NICEVILLE, FL 32578 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VP (X) Change () Addition
Name: HURLBURT, JULIE
Address: 200 WHITE ST. UNIT 21
City-St-Zip: NICEVILLE, FL 32578 US**Title:** D (X) Change () Addition
Name: LANDINGHAM, DIANE
Address: 200 WHITE ST #22
City-St-Zip: NICEVILLE, FL 32578 US**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAMELA COPELAND

SD

05/17/2004

Electronic Signature of Signing Officer or Director_____
Date