

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90026 036 ****61.25

DOCUMENT # N13711 1. Entity Name SWIFT BAYOU TOWNHOMES OWNER'S ASSOCIATION, INC.					
Principal Place of Business 200 WHITE ST P.O. BOX 0131 NICEVILLE, FL 32588 US			Mailing Address 200 WHITE ST P.O. BOX 0131 NICEVILLE, FL 32588 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STOKES, TRACI K 200 WHITE ST UNIT 11 NICEVILLE, FL 32578				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <u>Traci Stokes</u> 01-23-06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HURLBURT, JULIE 200 WHITE ST. UNIT 21 NICEVILLE, FL 32578 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MICHAEL O'DONNELL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 870 MACK BAYOU RD SANTA ROSA BEACH, FL 32459		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WEINSTOCK, DIANE <input checked="" type="checkbox"/> Delete PO BOX 384 NICEVILLE, FL 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DAN FENTON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 WHITE ST, # 14 NICEVILLE FL, 32578		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC STOKES, TRACI K <input type="checkbox"/> Delete 200 WHITE ST, UNIT 11 NICEVILLE, FL 32578	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR STACY MCCAULEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 WHITE STREET # 10 NICEVILLE FL 32578		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR VIRGINIA FLOURNOY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 WHITE ST # 18 NICEVILLE FL 32578		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHEILA HOLLOWAY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1002 MAPOLAS ST CRESTVIEW FL 32536		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Traci Stokes</u>			01-23-06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		