

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13711

FILED
Mar 23, 2009
Secretary of State

Entity Name: SWIFT BAYOU TOWNHOMES OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

200 WHITE ST
#11
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

200 WHITE ST
PO 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:

STOKES, TRACI K
200 WHITE ST
UNIT 11
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: VP () Delete
Name: O'DONNELL, MICHAEL
Address: 870 MACK BAYOU RD
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: PRES () Delete
Name: FENTON, DAN
Address: 200 WHITE ST., #14
City-St-Zip: NICEVILLE, FL 32578 US

Title: SEC () Delete
Name: STOKES, TRACI K
Address: 200 WHITE ST, UNIT 11
City-St-Zip: NICEVILLE, FL 32578 US

Title: D () Delete
Name: MCCAULEY, STACY
Address: 200 WHITE STREET #10
City-St-Zip: NICEVILLE, FL 32578

Title: D (X) Delete
Name: MCCULLAR, NIKKI
Address: 200 WHITE DR #23
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MCCAULEY, STACY
Address: 200 WHITE STREET #10
City-St-Zip: NICEVILLE, FL 32578 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCULLAR, NIKKI
Address: 200 WHITE STREET #23
City-St-Zip: NICEVILLE, FL 32578

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: TRACI STOKES

SEC

03/23/2009

Electronic Signature of Signing Officer or Director

Date