

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20200

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE SWALLOWS GOLF VILLAS II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

99 PUTTERS LANE
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

99 PUTTERS LANE
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 59-3068338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARLAN, PAUL L
431 E. NEW YORK AVE.
DELAND, FL 32724 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: PD () Delete
Name: SCHULZ, EMIL
Address: 50 FAIRWAY DRIVE
City-St-Zip: DEBARY, FL 32713 US

Title: TD () Delete
Name: SICCARDI, ARTHUR J
Address: 63 PUTTERS LANE
City-St-Zip: DEBARY, FL 32713 US

Title: SD () Delete
Name: GROHOLSKI, SHARON
Address: 67 PUTTERS LANE
City-St-Zip: DEBARY, FL 32713 US

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:

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: ARTHUR J. SICCARDI

TD

03/30/2009

Electronic Signature of Signing Officer or Director

Date