


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # N20988 1. Entity Name SWALLOW LODGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business CHARLENE NAVARRO 421 SWALLOW DR #11 MIAMI SPRINGS, FL 33166 US	Mailing Address CHARLENE NAVARRO 421 SWALLOW DR #11 MIAMI SPRINGS, FL 33166 US
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01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0098228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NAVARRO, CHARLENE 421 SWALLOW DR #11 MIAMI SPRINGS, FL 33166
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT NAVARRO, CHARLENE 421 SWALLOW DR, # 11 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRUZ, GEORGE 421 SWALLOW DR, # 4 MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS NAZARKEVICH-BATKIS, MAUREEN 421 SWALLOW DRIVE, UNIT #7 MIAMI SPRINGS, FL 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/07-80074-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Charlene Navarro 3/11/2007 (305)281-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #