

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90042 049 \*\*\*\*61.25

**DOCUMENT # N35174**

1. Entity Name

THE SWALLOWS GOLF VILLAS ASSOCIATION, INC.



Principal Place of Business

41 FAIRWAY DR  
DEBARY FL 32713  
US

Mailing Address

PO BOX 530-516  
DEBARY FL 32753  
US

**50016152**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

P.O. BOX 530-516

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DEBARY, FL

City & State

4. FEI Number

59-2982138

Applied For

Not Applicable

Zip  
32713

Country  
USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, RUTH  
41 FAIRWAY DR.  
DEBARY FL 32713

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

*Ruth Robinson*

2-10-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
ROBINSON, RUTH  
41 FAIRWAY DR.  
DEBARY FL 32713 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BARCALOW, DORIS  
47 FAIRWAY DRIVE  
DEBARY FL 32713 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CAROL BORG (Secretary)  
53 FAIRWAY DR  
DEBARY, FL 32713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOFMANN, JOHN  
45 FAIRWAY DR.  
DEBARY FL 32713 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
STEWART, DELORICE  
51 FAIRWAY DRIVE  
DEBARY FL 32713 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE-PRESIDENT  
STEWART, DELORICE  
51 FAIRWAY DR  
DEBARY, FL 32713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
HEITFELD, EVELYN  
39 FAIRWAY DRIVE  
DEBARY FL 32713 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
PATRICIA CALVIN  
43 FAIRWAY DRIVE  
DEBARY, FL 32713 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LUCILLE BENTLEY  
55 FAIRWAY DR  
DEBARY, FL 32713 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Ruth Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 (386)668 7354

Date

Daytime Phone #