2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 14, 2006 8:00 am Secretary of State DOCUMENT # N35174 03-14-2006 90021 019 ****61.25 1. Entity Name THE SWALLOWS GOLF VILLAS ASSOCIATION, INC. Principal Place of Business Mailing Address 40030508 PO BOX 530-516 DEBARY FL 32753 PO BOX 530-516 DEBARY FL 32713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State City & State Applied For 59-2982138 Not Applicable Zip Country Country \$8.75 Additional Ζıρ 5. Certificate of Status Desired 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 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE VICE-PRES ROBINSON, RUTH NAME NAME 41 FAIRWAY DR. STREET ADDRESS STREET ADDRESS FAIRWAY ON . DEBARY FL 32713 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition BORGI, CAROL NAME NAME 53 FAIRWAY DR STREET ADORESS STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP CITY-ST-ZIP 3243 166.2 Delete ☐ Change ☐ Addition TIME HOFMANN, JOHN STREET ADDRESS 45 FAIRWAY DR. STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP TITLE ٧P Delete ☐ Change ☐ Addition NAME STEWART, DELORICE NAME STREET ADDRESS 51 FAIRWAY DRIVE STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition CALVIN, PATRICIA NAME NAME **43 FAIRWAY DRIVE** STREET ADDRESS STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition BENTLEY, LUCILLE NAME NAME

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12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Section 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 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.

STREET ADDRESS

CITY-ST-ZIP

55 FAIRWAY DR

DEBARY FL 32713

STREET ADDRESS

CITY-ST-ZIP