

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90073 036 ****61.25

DOCUMENT # N35174

1. Entity Name

THE SWALLOWS GOLF VILLAS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

PO BOX 530-516
DEBARY FL 32713
US

PO BOX 530-516
DEBARY FL 32753
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2982138

Applied For

Not Applicable

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

CHRISTENSON, MARIA
30 FAIRWAY DR.
DEBARY FL 32713

Name

MARIA CHRISTENSEN

Street Address (P.O. Box Number is Not Acceptable)

30 FAIRWAY DR.

City

DEBARY

FL

Zip Code

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.

SIGNATURE *Maria Christensen T*

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

(NOTE: Registered Agent signature required when reinstating)

2-15-'07

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KURTZ, BETTY	
STREET ADDRESS	57 FAIRWAY DR	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE	S	<input type="checkbox"/> Delete
NAME	BORGI, CAROL	
STREET ADDRESS	53 FAIRWAY DR	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOFMANN, JOHN	
STREET ADDRESS	45 FAIRWAY DR.	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YATES, BETTY	
STREET ADDRESS	32 FAIRWAY DR	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CALVIN, PATRICIA	
STREET ADDRESS	43 FAIRWAY DRIVE	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENTLEY, LUCILLE	
STREET ADDRESS	55 FAIRWAY DR	
CITY - ST - ZIP	DEBARY FL 32713	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	L.W. CHRISTENSEN	
STREET ADDRESS	30 FAIRWAY DR	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA CHRISTENSEN	
STREET ADDRESS	30 FAIRWAY DR	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, BETTY	
STREET ADDRESS	32 FAIRWAY DR.	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORIS NEUZIL	
STREET ADDRESS	55 FAIRWAY DR.	
CITY - ST - ZIP	DEBARY FL 32713	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DWYER DECASTRO	
STREET ADDRESS	49 FAIRWAY DR.	
CITY - ST - ZIP	DEBARY FL 32713	

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Christensen* MARIA CHRISTENSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-'07 386-668-3428

Date

Daytime Phone #