

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90097 036 ****61.25

DOCUMENT # N92000000478						
1. Entity Name SWAN LAKE SOUTH HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 14761 ROYAL OAK CT FT. MYERS, FL 33919			Mailing Address 14761 ROYAL OAK CT FT. MYERS, FL 33919			
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 75-3164840		
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			
CLARK, PATRICK S 14761 ROYAL OAK CT FT. MYERS, FL 33919			Name: <u>Beck & Holliakoff, P.A. c/o Joseph E. Adams, Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>14241 Metropolis Ave., # 100</u> City: <u>Fort Myers,</u> FL <u>33912</u>			
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: <u>Joseph E. Adams</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Joseph E. Adams, Esquire</u> (NOTE: Registered Agent signature required when reinstating)		<u>3/21/07</u> DATE		
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE P	NAME CLARK, PATRICK S		☐ Delete	TITLE D	NAME Bennett, Madeline	
STREET ADDRESS 14761 ROYAL OAK CT	STREET ADDRESS 14761 ROYAL OAK CT		☐ Change	STREET ADDRESS 14821 Royal Oak Ct.	☒ Addition	
CITY-ST-ZIP FT. MYERS, FL 33919	CITY-ST-ZIP FT. MYERS, FL 33919		☐ Change	CITY-ST-ZIP Fort Myers, FL 33919	☒ Addition	
TITLE T	NAME SYNE, HOSEIN		☐ Delete	TITLE D	NAME Patel, Rishi	
STREET ADDRESS 14831 ROYAL OAK COURT	STREET ADDRESS 14831 ROYAL OAK COURT		☐ Change	STREET ADDRESS 14751 Royal Oak Ct.	☒ Addition	
CITY-ST-ZIP FORT MYERS, FL 33919	CITY-ST-ZIP FORT MYERS, FL 33919		☐ Change	CITY-ST-ZIP Fort Myers, FL 33919	☒ Addition	
TITLE S	NAME MAISEL, GARY		☐ Delete	TITLE 	NAME 	
STREET ADDRESS 14790 ROYAL OAK CT.	STREET ADDRESS 14790 ROYAL OAK CT.		☐ Change	STREET ADDRESS 	☐ Addition	
CITY-ST-ZIP FT MYERS, FL 33919	CITY-ST-ZIP FT MYERS, FL 33919		☐ Change	CITY-ST-ZIP 	☐ Addition	
TITLE 	NAME 		☐ Delete	TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		☐ Change	STREET ADDRESS 	☐ Addition	
CITY-ST-ZIP 	CITY-ST-ZIP 		☐ Change	CITY-ST-ZIP 	☐ Addition	
TITLE 	NAME 		☐ Delete	TITLE 	NAME 	
STREET ADDRESS 	STREET ADDRESS 		☐ Change	STREET ADDRESS 	☐ Addition	
CITY-ST-ZIP 	CITY-ST-ZIP 		☐ Change	CITY-ST-ZIP 	☐ Addition	
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: <u>Patrick Clark</u>			DATE: <u>3/28/07</u>		DAYTIME PHONE #: <u>(239) 466-1370</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						