

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000478

FILED
Apr 21, 2009
Secretary of State

Entity Name: SWAN LAKE SOUTH HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

14811 ROYAL OAK CT
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

14811 ROYAL OAK CT
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 75-3164840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYNE, HOSEIN T
14831 ROYAL OAK CT.
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EVERETT, WAYNE
Address: 14811 ROYAL OAK CT
City-St-Zip: FT. MYERS, FL 33919

Title: T () Delete
Name: SYNE, HOSEIN
Address: 14831 ROYAL OAK COURT
City-St-Zip: FORT MYERS, FL 33919

Title: S () Delete
Name: DANIELS, STANLEY
Address: 14850 ROYAL OAK CT.
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: BENNETT, MADELINE
Address: 14821 ROYAL OAK CT
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: KENT, CLAUDINE
Address: 14770 ROYAL OAK CT
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOSEIN SYNE

T

04/21/2009

Electronic Signature of Signing Officer or Director

Date