


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90037 034 ****61.25

DOCUMENT # N94000006038					
1. Entity Name SWANN LAKE OF PASCO HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 16105 N FLORIDA SUITE A LUTZ, FL 33549 US			Mailing Address 16105 N FLORIDA SUITE A LUTZ, FL 33549 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01122006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3323320	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE VP	NAME ZAK, RON	<input checked="" type="checkbox"/> Delete		TITLE PD	NAME JOHN FROST
STREET ADDRESS 16105 N FLORIDA #A	CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 16105 N. FLORIDA #A	CITY-ST-ZIP LUTZ, FL 33549
TITLE TD	NAME KENT, ANNETTE	<input checked="" type="checkbox"/> Delete		TITLE IVD	NAME ROGER BOLDIZAR
STREET ADDRESS 16105 N FLORIDA #A	CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 16105 N. FLORIDA #A	CITY-ST-ZIP LUTZ, FL 33549
TITLE TD	NAME SHREWSBURY, LINDA	<input checked="" type="checkbox"/> Delete		TITLE 2VD	NAME ROBERT CONIGLIARO
STREET ADDRESS 16105 N FLORIDA #A	CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 16105 N. FLORIDA #A	CITY-ST-ZIP LUTZ, FL 33549
TITLE VD	NAME WOODBURY, TIMOTHY	<input checked="" type="checkbox"/> Delete		TITLE FD	NAME NED COHEN
STREET ADDRESS 16105 N FLORIDA #A	CITY-ST-ZIP LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 16105 N. FLORIDA #A	CITY-ST-ZIP LUTZ, FL 33549
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE SD	NAME JANE O'BRIEN
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		STREET ADDRESS 16105 N. FLORIDA #A	CITY-ST-ZIP LUTZ, FL 33549
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS 	CITY-ST-ZIP
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: <i>Jane O'Brien</i>				JANE O'BRIEN 2-8-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	