2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# N94000006038

Entity Name: SWANN LAKE OF PASCO HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

16105 N FLORIDA
SUITE A
LUTZ, FL 33549 US

New Principal Place of Business:

Current Mailing Address:

16105 N FLORIDA
SUITE A
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-3323320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEZER, STEVEN
1801 N. HIGHLAND AVE.
TAMPA, FL 33602 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: PD ( ) Delete
Name: FROST, JOHN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD ( ) Delete
Name: BOLDIZAR, ROGER
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete
Name: PLETCHEN, JOHN
Address: 16105 N. FL #A
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete
Name: COHEN, NED
Address: 16105 N FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Delete
Name: MAYER, THOMAS
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: D (X) Delete
Name: GENET, DAN
Address: 16105 N. FE AVE. #A
City-St-Zip: LUTZ, FL 33548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: FROST, JOHN
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: PD (X) Change ( ) Addition
Name: MAYER, THOMAS
Address: 16105 N. FLORIDA #A
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change ( ) Addition
Name: PLETCHAN, JOHN
Address: 16105 N. FL #A
City-St-Zip: LUTZ, FL 33549

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: THOMAS MAYER PRES 03/09/2009
Electronic Signature of Signing Officer or Director — Date