

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001963

FILED
Jul 08, 2007
Secretary of State

Entity Name: SOUTHWEST UNITED COMMUNITIES, INC.

Current Principal Place of Business:

1003 S KIRKMAN RD
SUITE 202
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

1003 S KIRKMAN RD
SUITE 202
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-3329576 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALCOTT, MAVIS
1661 AARON AVENUE
ORLANDO, FL 32811 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: D () Delete
Name: FRAZIER, FLOYD
Address: 3204 GULFSTREAM ROAD
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: SULUKI, ABDUL
Address: 1517 GUINYARD ST
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: FUDGE, LAURETHA B
Address: 1222 CEPEDA STREET
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: SMITH, SHIRLEY
Address: 4215 TATUM STREET
City-St-Zip: ORLANDO, FL 32811

Title: D () Delete
Name: WALCOTT, MAVIS T
Address: 1661 AARON AVENUE
City-St-Zip: ORLANDO, FL 32811

Title: D (X) Delete
Name: BRADFORD, BEVERLY
Address: 6563 ROSECLIFF DRIVE
City-St-Zip: ORLANDO, FL 32835

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
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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: BEVERLY PAGE

OFFI

07/08/2007

Electronic Signature of Signing Officer or Director

Date