

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001901

1. Entity Name

SWIFT CREEK COMMUNITY OWNERS' ASSOCIATION, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90040 030 ****61.25

Principal Place of Business

Mailing Address

~~C/O C. WALTER RUCKEL~~
~~17 NORTH JOHN SIMS PARKWAY~~
~~VALPARAISO FL 32580~~

~~C/O C. WALTER RUCKEL~~
~~17 NORTH JOHN SIMS PARKWAY~~
~~VALPARAISO FL 32580-1042~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1096 OLD HWY 98

3. Mailing Address

1096 OLD HWY 98

Suite, Apt. #, etc.

SUITE C102B

Suite, Apt. #, etc.

SUITE C102B

City & State

DESTIN, FL 32541

City & State

DESTIN, FL 32541

Zip

Country

Zip

Country

4. FEI Number

59-3572616

Applied For

Not Applicable

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

~~PANGLE, HERBERT W~~
~~17 NORTH JOHN SIMS PARKWAY~~
~~VALPARAISO FL 32580~~

Name

DAVID W. BELL

Street Address (P.O. Box Number is Not Acceptable)

1096 OLD HWY 98 SUITE C102B

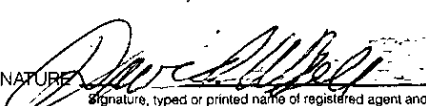
City

DESTIN

FL

Zip Code
32541

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.

SIGNATURE  David W. Bell, Agent 03-27-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

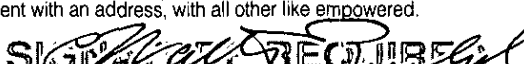
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D C. WALTER RUCKEL 17 NORTH JOHN SIMS PARKWAY VALPARAISO FL 32580	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, ROBERT E 17 NORTH JOHN SIMS PARKWAY VALPARAISO FL 32580	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANGLE, HERBERT W 17 NORTH JOHN SIMS PARKWAY VALPARAISO FL 32580	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD P.O. Box 187 VALPARAISO, FL 32580	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD P.O. Box 187 Valparaiso, FL 32580	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARLENE TAYLOR P.O. Box 187 VALPARAISO, FL 32580	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/15/00 850-678-2223

CREW 1999