2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90040 030 ****61.25

DOCUMENT # N99000001901

1. Entity Name

SWIFT CREEK COMMUNITY OWNERS' ASSOCIATION, INC.

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	3. Mailing Address
1096 OLD HWY 98	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	PD P.O. Box 187 VALPARAISO, FL 32580	☒ Change ☐ Addition
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		☐ Change ☐ Addition
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	STD P.O. Box 187 Valparaiso, FL 32580	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E017 (9/99)

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 REQUIRED — 3/15/00 — 850-678-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #