2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
02-14-2005 90058 015 ****70.00

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1. Entity Name
SWIFT CREEK COMMUNITY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
251 SWEETWATER RUN NICEVILLE, FL 32578	251 SWEETWATER RUN NICEVILLE, FL 32578

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01172005 No Chg-NP CR2E037 (10/03)

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

TAYLOR, DARLENE B
251 SWEETWATER RUN
NICEVILLE, FL 32578

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	C. WALTER RUCKEL
STREET ADDRESS	P O BOX 187
CITY-ST-ZIP	VALPARAISO, FL 32580
TITLE	DVS
NAME	TAYLOR, DARLENE
STREET ADDRESS	PO BOX 187 17 N JOHN SIMS PKWY
CITY-ST-ZIP	VALPARAISO, FL 32580
TITLE	DT
NAME	SCHODITSCH, RICHARD
STREET ADDRESS	802 COLDWATER CREEK CIRCLE
CITY-ST-ZIP	VALPARAISO, FL 32578
TITLE	D
NAME	CHESSER, D. MICHAEL
STREET ADDRESS	1201 N. EGLIN PARKWAY
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Darlene B Taylor 1/18/05 850-678-4284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #