2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000007168

FILED May 01, 2003 Secretary of State

Entity Name: SWALLOWFORK SUBDIVISION, HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Principal PI	New Principal Place of Business:	
3000 US HWY. 301 SOUTH CALLAHAN, FL 32011			447988 US HWY. 301 SOUTH CALLAHAN, FL 32011 New Mailing Address: 447988 US HWY. 301 SOUTH CALLAHAN, FL 32011		
Current Mailing Address: 3000 US HWY. 301 SOUTH CALLAHAN, FL 32011					New Mailing Add
FEI Number:	: 59-3666713	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Addre	ss of New Registered Agent:	
HIGGINBOTHAM, NORWOOD E 3000 US HWY. 310 SOUTH CALLAHAN, FL 32011 US			3000 US HWY. 30	HIGGINBOTHAM, NORWOOD E 3000 US HWY. 301 SOUTH CALLAHAN, FL 32011 US	
	named entity c	ubmits this statement for the	ourpose of changing its regis	stered office or registered agent, or both	
	e of Florida.				
	e of Florida.		,,	05/01/2003	
n the State	e of Florida. RE:	ic Signature of Registered Ag			
n the State	e of Florida. RE:	c Signature of Registered Ag	ent	05/01/2003	
n the State	e of Florida. RE: Electroni S AND DIRECT	ic Signature of Registered Ag FORS: Delete 1, NORWOOD E 301 SOUTH	ent	05/01/2003 Date	
n the State SIGNATUF OFFICERS Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT PD () HIGGINBOTHAM 3000 US HWY: CALLAHAN, FL	ic Signature of Registered Ag FORS: Delete 1, NORWOOD E 301 SOUTH 32011 Delete NA D AIL TRAIL	ent ADDITIONS/CHA Title: Name: Address:	05/01/2003 Date NGES TO OFFICERS AND DIRECTO	
n the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT PD () HIGGINBOTHAN 3000 US HWY: CALLAHAN, FL D () WINDSOR, SHA 6157 COTTONT CALLAHAN, FL	ic Signature of Registered Ag FORS: Delete 1, NORWOOD E 301 SOUTH 32011 Delete NA D AIL TRAIL 32011 Delete FREY AIL TRAIL	ent ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	05/01/2003 Date NGES TO OFFICERS AND DIRECTO () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHANA D. WINDSOR D 05/01/2003