

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000088649

1. Entity Name
SWAN LAKE MOBILE HOME VILLAGE, INC.



Principal Place of Business
**2400 NORTH TAMiami TRAIL
NORTH FORT MYERS, FL 33903**

Mailing Address
**207 SWAN LAKE DR.
NORTH FORT MYERS, FL 33917 US**



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0457046

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINESETT, ROBERT A
2248 FIRST ST.
FORT MYERS, FL 33091**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and (file if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JORDAN, JACK
STREET ADDRESS	207 SWAN LAKE DR.
CITY - ST - ZIP	NORTH FORT MYERS, FL
TITLE	D
NAME	JORDAN, STEVEN C
STREET ADDRESS	1354 WHISKEY CREEK DRIVE
CITY - ST - ZIP	FORT MYERS, FL
TITLE	D
NAME	JORDAN, EDNA J.
STREET ADDRESS	207 SWAN LAKE DR.
CITY - ST - ZIP	NORTH FORT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/15/05-80001-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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:

Edna J. Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-05
Date

239-995-3397
Daytime Phone #