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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742212 (4)
1. Corporation Name
SWANSEA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business SWANSEA A 1001/CVE DEERFIELD BEACH FL 33442	Mailing Address SWANSEA A 1001/CVE DEERFIELD BEACH FL 33442
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21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 03/27/1978	3a. Date of Last Report 04/27/1996
4. FEI Number 59-1977384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION CVE, INC.
3501 WEST DRIVE
DEERFIELD BEACH FL 33442-9885

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GALIT, JACK
STREET ADDRESS	SWANSEA-A-4018
CITY-ST-ZIP	DEERFIELD BCH FL 33442
TITLE	D <input type="checkbox"/> DELETE
NAME	GOROBETZ, SEYMOUR
STREET ADDRESS	SWANSEA A 2012
CITY-ST-ZIP	DEERFIELD BCH FL 33442
TITLE	P <input type="checkbox"/> DELETE
NAME	ISAAC FLEISHMAN
STREET ADDRESS	SWANSEA A 3001
CITY-ST-ZIP	DEERFIELD BEACH FL 33442
TITLE	<input type="checkbox"/> DELETE
NAME	VP Miriam Budick SWANSEA-B-4029
STREET ADDRESS	SWANSEA A 2012 DEERFIELD BCH FL
CITY-ST-ZIP	DEERFIELD BEACH FL DEERFIELD BCH FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	KLEIN, GERTRUDE
STREET ADDRESS	SWANSEA A 1001
CITY-ST-ZIP	DEERFIELD BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MARTHA WEICHBRODT JEAN GLASS
STREET ADDRESS	SWANSEA A 2012 SWANSEA-B-1027
CITY-ST-ZIP	DEERFIELD BEACH FL DEERFIELD BEACH FL 33442

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEAN KAN RICE
1.3 STREET ADDRESS	SWANSEA-B-4029
1.4 CITY-ST-ZIP	DEERFIELD BCH FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	000002159190--4
2.3 STREET ADDRESS	-04/23/97--01109--001
2.4 CITY-ST-ZIP	**15190.00 *****61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	8/24/29
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gertrude Klein. 2/6/97 426-1863

CR2E037 (9/96)