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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90163 001 14,638.75

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742212

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/27/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1977384
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent

CONDOMINIUM OWNERS ORGANIZATION CVE, INC.
 3501 WEST DRIVE
 DEERFIELD BEACH FL 33442-9985

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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	BAO PLEISHMANX	<input checked="" type="checkbox"/> DELETE
NAME	SWANSEA A 2000	
STREET ADDRESS	DEERFIELD BEACH FL 33442	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE	BUDICK MIRIAM	<input checked="" type="checkbox"/> DELETE
NAME	SWANSEA B 4029	
STREET ADDRESS	DEERFIELD BEACH FL	
CITY-ST-ZIP	DEERFIELD BEACH 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	GLASS, JEAN	
STREET ADDRESS	SWANSEA-B 1027	
CITY-ST-ZIP	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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P
3.3 STREET ADDRESS	MIRIAM BUDICK
3.4 CITY-ST-ZIP	SWANSEA B 4029
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V
4.3 STREET ADDRESS	BERNARD BAROTH
4.4 CITY-ST-ZIP	SWANSEA A 2004
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	DEERFIELD BEACH FL 334
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D
6.3 STREET ADDRESS	NATHAN RICE
6.4 CITY-ST-ZIP	SWANSEA "B" 4028

14. 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 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, with all other like empowered.

SIGNATURE: *Gertrude Klein* **RECEIVED** 2/10/99 (954) - 426-1863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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