

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # 742212**

1. Entity Name

**SWANSEA CONDOMINIUM ASSOCIATION, INC.**



FILED

04 APR 27 PM 4:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**66413197**

Principal Place of Business CONDO OWNER ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085	Mailing Address CONDO OWNER ORG. OF CENTURY VILLAGE E 3501 WEST DRIVE DEERFIELD BEACH FL 33442-2085
--	--

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1977384**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	GALIT, JACK	
STREET ADDRESS	SWANSEA-A-4018	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	

TITLE	600034614278	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	04/29/04--01020--001	
STREET ADDRESS	**15006.25	
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	SHTIBEL, ADAM	
STREET ADDRESS	SWANSEA A 4009	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, NATHAN	
STREET ADDRESS	SWANSEA A 4028	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	BUDICK, MIRIAM	
STREET ADDRESS	SWANSEA B 4029	
CITY-ST-ZIP	DEERFIELD BEACH FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	WODIN, LORETTA	
STREET ADDRESS	SWANSEA A 1018	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	COHEN, MILDRED	
STREET ADDRESS	SWANSEA A 1031	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Loretta Wodin* **LORETTA WODIN**

*2/17/04*  
Date

*954-428-5650*  
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #