


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90139 001 15,373.75

**DOCUMENT # 742212**

1. Entity Name  
**SWANSEA CONDOMINIUM ASSOCIATION, INC.**



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**

**66019158**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

03192005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-1977384**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

Filing Fee is **\$81.25** Due by **May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	D GALIT, JACK SWANSEA-A-4018 DEERFIELD BCH, FL 33442	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHTIBEL, ADAM SWANSEA A 4009 DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, NATHAN SWANSEA A 4028 DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BUDICK, MIRIAM SWANSEA B 4029 DEERFIELD BEACH, FL	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WODIN, LORETTA SWANSEA A 1018 DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHEN, MILDRED SWANSEA A 1031 DEERFIELD BEACH, FL 33442	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Judy KIRSHNER 4001 SWANSEA Condo. Assoc. A Deerfield Beach, Fl. 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Adam SHTIBEL 4009 SWANSEA A D.B. Fl. 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gussie SISKIND 1032 Swansea B D.B. Fl. 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD FRANCINE YOUNGER 1007 Swansea A D.B. Fl. 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AARON BRAND 3038 Swansea B D.B. Fl. 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hyman Sanders 1036 Swansea B D.B. Fl. 33442	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

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: Judy Kirshner JUDI KIRSHNER 3-23-05 954-426-3723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #