

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY - 1 PM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **719634** (8)

1. Corporation Name

SWIFTON VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2950 SWIFTON DRIVE
SARASOTA FL 34231-6204

2950 SWIFTON DRIVE
SARASOTA FL 34231-6204

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/04/1970** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-1382583** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **Swifton Villas Condominium 830 South**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **830 South Tamiami Tr.** 27 **Tamiami Trail**
City & State City & State
23 **Osprey, FL** 28 **Osprey, FL**
Zip City Country Zip City Country
24 **34229** 25 **Sarasota** 29 **34229** 30 **Sarasota**

9. Name and Address of Current Registered Agent
LIGHTHOUSE, MANAGEMENT & R
830 SOUTH TAMIAM TRL
OSPREY FL 34229

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	VIGGIANI, FRANCES
STREET ADDRESS	2863 SWIFTON DRIVE, #147
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	HINES, RICHARD
STREET ADDRESS	2830 SWIFTON DR. V-118
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	D
NAME	JOHNSTON, WILL
STREET ADDRESS	2969 SWIFTON DR. V-100
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	SD
NAME	MARTIN, KENNETH
STREET ADDRESS	2875 SWIFTON DRIVE, #58
CITY - ST - ZIP	SARASOTA FL
TITLE	D
NAME	MOSS, THERESA
STREET ADDRESS	2917 SWIFTON DR. V-8
CITY - ST - ZIP	SARASOTA, FL 00000
TITLE	VD
NAME	WHITTON, STEVE
STREET ADDRESS	2807 SWIFTON DR. V-3
CITY - ST - ZIP	SARASOTA, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Myles Murray	
1.3 STREET ADDRESS	2767 Swifton Dr. V-99	
1.4 CITY - ST - ZIP	Sarasota, FL 34231	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Bettie Cascarano	
2.3 STREET ADDRESS	2961 Swifton Dr. V-96	
2.4 CITY - ST - ZIP	Sarasota, FL 34231	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hazel King	
3.3 STREET ADDRESS	2923 Swifton Dr. V-77	
3.4 CITY - ST - ZIP	Sarasota, FL 34231	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Swank	
4.3 STREET ADDRESS	505 Sadow Rd.	
4.4 CITY - ST - ZIP	Midland, MI 48640	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lloyd Keith	
5.3 STREET ADDRESS	830 S. Tamiami Trail	
5.4 CITY - ST - ZIP	Osprey, FL 34229	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	e. Michael Martinello	
6.3 STREET ADDRESS	830 S. Tamiami Trail	
6.4 CITY - ST - ZIP	Osprey, FL 34229	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Frances Viggiani **FRANCES VIGGIANI** 4-24-95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #