

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719634 (8)**

1. Corporation Name  
**SWIFTON VILLAS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>SWIFTON VILLAS CONDOMINIUM                  830 S TAMAMI TRAIL                  OSPREY FL 34229                  US</b>	Mailing Address <b>830 S TAMAMI TRAIL                  OSPREY FL 34229                  US</b>
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3. Date Incorporated or Qualified <b>11/04/1970</b>	3a. Date of Last Report <b>05/01/1995</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26 16 Church Street</b>
Suite, Apt. #, etc. <b>22 16 Church St.</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 Osprey, Fl.</b>	City & State <b>28 Osprey, Fl.</b>
Zip <b>24 34229</b>	Country <b>25 Sarasota</b>
Zip <b>29 34229</b>	Country <b>30 Sarasota</b>

4. FEI Number <b>59-1382583</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>LIGHTHOUSE, MANAGEMENT &amp; R                  830 SOUTH TAMAMI TRAIL                  OSPREY FL 34229</b>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City <b>Osprey</b>	85 Zip Code <b>FL 34229</b>
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10. Name and Address of New Registered Agent
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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: *[Signature]* DATE: **7-9-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE AS	<input type="checkbox"/> DELETE	1.1 TITLE <b>Frances Viggiani PT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MURRAY, MYLES		1.2 NAME
STREET ADDRESS 2967 SWIFTON DR., V-99		1.3 STREET ADDRESS <b>2863 Swifton Drive</b>
CITY-ST-ZIP SARASOTA FL		1.4 CITY-ST-ZIP <b>Sarasota, Fl. 34231</b>
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE <b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CASCARANO, BETTIE		2.2 NAME
STREET ADDRESS 2691 SWIFTON DR. V-96		2.3 STREET ADDRESS <b>2889 Swifton Drive</b>
CITY-ST-ZIP SARASOTA, FL 00000		2.4 CITY-ST-ZIP <b>Sarasota, Fl. 34231</b>
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE <b>ST</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KING, HAZEL		3.2 NAME
STREET ADDRESS 2963 SWIFTON DR., V-77		3.3 STREET ADDRESS <b>2875 Swifton Drive</b>
CITY-ST-ZIP SARASOTA, FL 00000		3.4 CITY-ST-ZIP <b>Sarasota, Fl 34231</b>
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SWANK, JOHN		4.2 NAME
STREET ADDRESS 55 S. SANDOW ROAD		4.3 STREET ADDRESS <b>MOSS, THERESA</b>
CITY-ST-ZIP MIDLAND MI		4.4 CITY-ST-ZIP <b>2817 Swifton Dr</b>
TITLE AS	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LLYOD, KEITH		5.2 NAME
STREET ADDRESS 830 S TAMAMI TRAIL		5.3 STREET ADDRESS <b>LUCIA, ROBERT</b>
CITY-ST-ZIP OSPREY FL		5.4 CITY-ST-ZIP
TITLE <del>AS</del>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME MARTINELLO, C. MICHAEL		6.2 NAME
STREET ADDRESS 830 S TAMAMI TRAIL		6.3 STREET ADDRESS
CITY-ST-ZIP OSPREY FL		6.4 CITY-ST-ZIP

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 119.07(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, Pres* DATE: **3-26-96**

CR2E037 (12/95)