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Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 719634 (8)
1. Corporation Name
SWIFTON VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
16 CHURCH ST
600 G TAMiami TRAIL
OSPREY FL 34229
US

3. Date Incorporated or Qualified 11/04/1970
3a. Date of Last Report 04/17/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1382583	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent LIGHTHOUSE, MANAGEMENT & R 16 CHURCH ST 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
	85 Zip Code

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 J. Lloyd Keith, Ass't Sec.
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURRAY, MYLES	1.2 NAME	Ken Martin
STREET ADDRESS	2967 SWIFTON DR., V-99	1.3 STREET ADDRESS	2875 Swifton Drive
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Sarasota, FL. 34231
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASCARANO, BETTIE	2.2 NAME	Richard Himes
STREET ADDRESS	2691 SWIFTON DR. V-98	2.3 STREET ADDRESS	2830 Swifton Drive
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	Sarasota, FL. 34231
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, HAZEL	3.2 NAME	Henry Graff
STREET ADDRESS	2983 SWIFTON DR., V-77	3.3 STREET ADDRESS	2820 Swifton Drive
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	Sarasota, FL. 34231
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWANK, JOHN	4.2 NAME	Theresa Moss
STREET ADDRESS	55 S. SANDOW ROAD	4.3 STREET ADDRESS	2817 Swifton Drive
CITY-ST-ZIP	MIDLAND MI	4.4 CITY-ST-ZIP	Sarasota, FL. 34231
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLYOD, KEITH	5.2 NAME	
STREET ADDRESS	600 G TAMiami TRAIL	5.3 STREET ADDRESS	16 Church Street
CITY-ST-ZIP	OSPREY FL	5.4 CITY-ST-ZIP	Osprey, FL. 34229
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGGIANI, FRANCES	6.2 NAME	
STREET ADDRESS	2863 SWIFTON DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: J. Lloyd Keith
Signature and typed or printed name of signing officer or director Date 4-14-97 Daytime Phone # 941-966-6844

CR2E037 (9/96)