

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

**FILED**

**Apr 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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		Mailing Address	
16 CHURCH ST OSPREY FL 34229 US		16 CHURCH ST OSPREY FL 34229 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified  
**11/04/1970**

4. FEI Number  
**59-1382583**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 **John Swank**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Swifton Villas Condominium Assoc.**

83 **070 16 Church Street**

84 City **Osprey** FL 85 Zip Code **34229**

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 *John Swank Pres.* **John Swank - President** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D/AS</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MURRAY, MYLES</b>	1.2 NAME	<b>TD Glenn Helling</b>
STREET ADDRESS	<b>2067 SWIFTON DR., V-99</b>	1.3 STREET ADDRESS	<b>2839 Swifton Dr # 25</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	1.4 CITY-ST-ZIP	<b>Sarasota, FL 34231</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>SD Ken Martin</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CASCARANO, BETTIE</b>	2.2 NAME	<b>2875 Swifton Dr. #57</b>
STREET ADDRESS	<b>2691 SWIFTON DR. V-98</b>	2.3 STREET ADDRESS	<b>Sarasota, FL. 34231</b>
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KING, HAZEL</b>	3.2 NAME	<b>D Jane Drury</b>
STREET ADDRESS	<b>2963 SWIFTON DR., V-77</b>	3.3 STREET ADDRESS	<b>2965 Swifton Dr # 98</b>
CITY-ST-ZIP	<b>SARASOTA, FL 00000</b>	3.4 CITY-ST-ZIP	<b>Sarasota, FL. 34231</b>
TITLE	<b>VP PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SWANK, JOHN</b>	4.2 NAME	<b>VD Henry Graff</b>
STREET ADDRESS	<b>55 S. SANDOW ROAD</b>	4.3 STREET ADDRESS	<b>2820 Swifton Dr # 111</b>
CITY-ST-ZIP	<b>MIDLAND MI</b>	4.4 CITY-ST-ZIP	<b>Sarasota, FL. 34231</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LLYOD, KEITH</b>	5.2 NAME	<b>D Richard Himes</b>
STREET ADDRESS	<b>16 CHURCH ST.</b>	5.3 STREET ADDRESS	<b>2830 Swifton Dr # 116</b>
CITY-ST-ZIP	<b>OSPREY FL</b>	5.4 CITY-ST-ZIP	<b>Sarasota, FL. 34231</b>
TITLE	<b>PT</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIGGIANI, FRANCES</b>	6.2 NAME	
STREET ADDRESS	<b>2863 SWIFTON DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	6.4 CITY-ST-ZIP	

14. 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 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: *John Swank Pres.* **3/2/98** **9106-6844**

CR2E037 (10/97)