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04-22-1999 90064 013 ****61.25

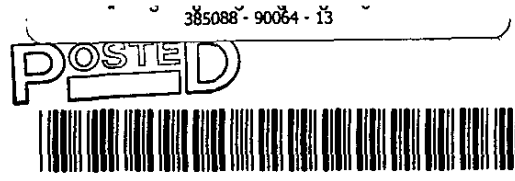
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 719634

1. Corporation Name
SWIFTON VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 16 CHURCH ST OSPREY FL 34229 US	Mailing Address 16 CHURCH ST OSPREY FL 34229 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/04/1970
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1382583
22. City & State	27. City & State	Applied For Not Applicable
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~SWANK, JOHN~~
 SWIFTON VILLAS CONDOMINIUM ASSOC
 C/O 16 CHURCH STREET
 OSPREY FL 34229

10. Name and Address of New Registered Agent

81 Name
Jane Drury

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

83
16 Church Street

84 City
Osprey

85 Zip Code
FL 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 Jane Drury, Pres. Jane A. Drury, Pres. 4/8/99 DATE

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

12. OFFICERS AND DIRECTORS

TITLE D	NAME MURRAY, MYLES	STREET ADDRESS 2967 SWIFTON DR., V-99	CITY-ST-ZIP SARASOTA FL	<input checked="" type="checkbox"/> DELETE
TITLE TD	NAME HELLING, GLENN	STREET ADDRESS 2839 SWIFTON DR #25	CITY-ST-ZIP SARASOTA, FL 00000 34231	<input type="checkbox"/> DELETE
TITLE D	NAME KING, HAZEL	STREET ADDRESS 2963 SWIFTON DR., V-77	CITY-ST-ZIP SARASOTA, FL 00000	<input type="checkbox"/> DELETE
TITLE PD	NAME SWANK, JOHN	STREET ADDRESS 55 S. SANDOW ROAD	CITY-ST-ZIP MIDLAND MI	<input type="checkbox"/> DELETE
TITLE AS	NAME LLYOD, KEITH	STREET ADDRESS 16 CHURCH ST.	CITY-ST-ZIP OSPREY FL	<input type="checkbox"/> DELETE
TITLE SD	NAME MARTIN, KEN	STREET ADDRESS 2875 SWIFTON DR #57	CITY-ST-ZIP SARASOTA FL 34231	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	1.2 NAME John Swank-SD	1.3 STREET ADDRESS 2903 SWIFTON DR. #67	1.4 CITY-ST-ZIP Sarasota 71 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE Jane Drury - Pb	2.2 NAME Jane Drury	2.3 STREET ADDRESS 2905 SWIFTON DR.	2.4 CITY-ST-ZIP Sarasota 71 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE Henry Grapp - VPD	3.2 NAME Henry Grapp	3.3 STREET ADDRESS 2820 SWIFTON DR # 101	3.4 CITY-ST-ZIP Sarasota 71 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE Kenneth Martin - D	4.2 NAME Kenneth Martin	4.3 STREET ADDRESS 2875 SWIFTON DR #57	4.4 CITY-ST-ZIP Sarasota 71 34231	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Keith Llyod 4/8/99 DATE

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

CR2E037-(1/1/98)