FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## Feb 13, 2001 8:00 am **DOCUMENT # 719634 Secretary of State** 1. Entity Name 02-13-2001 90595 038 \*\*\*\*61.25 SWIFTON VILLAS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 16 CHURCH ST 16 CHURCH ST C0021014 OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1382583 Not Applicable Zip \_\_\_\_\_ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name $n_a$ GRAFF, HENRY Glenn Street Address SWIFTON VILLAS CONDOMÍNIUM ASSOC 16 CHURCH ST. City OSPREY FL 34229 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE A (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change ☐ Addition TITLE ☐ Delete TITLE Henry Graffon Dr. 2B20 Swifton Dr. Sarasota FL 34231 SWANK, JOHN NAME NAME 2903 SWIFTON DR. #67 STREET ADDRESS STREET ADDRESS CR2E037 CITY-ST-7IP SARASOTA FL 34231 CITY-ST-7IP Change Addition TITLE TITLE ☐ Delete HELLING, GLENN eo Tick NAME NAME 2851 Swifton br. 2839 SWFITON DR\_#25 STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP 34231 Sarasota TITLE ☐ Delete TITLE Change Addition ois Priester KING, HAZEL NAME NAME Switton DR 2825 2963 SWIFTON DR., V-77 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ācrasota 34231 ☐ Change TITLE ☐ Delete TITLE Addition BERENSON, SIMON NAME NAME 2839 SWIFTON DR #23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition LLYOD, KEITH NAME NAME STREET ADDRESS 16 CHURCH ST. STREET ADDRESS CiTY-ST-ZIP OSPREY FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition MARTIN, KEN NAME NAME 2875 SWFITON DR #57 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #