

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90348 026 \*\*\*\*61.25

**DOCUMENT # 719634**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1382583**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Lloyd Keith~~  
~~HELLING, GLENN~~  
 SWIFTON VILLAS CONDOMINIUM ASSOC  
 16 CHURCH ST.  
 OSPREY FL 34229

Name ~~Lloyd Keith~~  
 Street Address (P.O. Box Number is Not Acceptable)  
 Swifton Villas Condo Assoc.  
 16 Church St  
 City Osprey FL Zip Code 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

*[Handwritten Signature]*

4-12-02

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	GRAFF, HENRY	
STREET ADDRESS	2820 SWIFTON DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HELLING, GLENN	
STREET ADDRESS	2839 SWIFTON DR #25	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KING, HAZEL	
STREET ADDRESS	2963 SWIFTON DR., V-77	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BERENSON, SIMON	
STREET ADDRESS	2839 SWIFTON DR #23	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LLYOD, KEITH	
STREET ADDRESS	16 CHURCH ST.	
CITY-ST-ZIP	OSPREY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, KEN	
STREET ADDRESS	2875 SWIFTON DR #57	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE	pd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEO TIDD	
STREET ADDRESS	2851 SWIFTON DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANCIS VALONE	
STREET ADDRESS	11431 RT 39	
CITY-ST-ZIP	PERRYSBURG NY 14120	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN SWANK	
STREET ADDRESS	2909 SWIFTON DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOIS PRIESTER	
STREET ADDRESS	2825 SWIFTON DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOE YOCUM	
STREET ADDRESS	2863 SWIFTON DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-02 9419666844

Date

Daytime Phone #

CR2E037 (9/01)