

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719634

FILED
Apr 24, 2008
Secretary of State

Entity Name: SWIFTON VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SWIFTON DRIVE
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

63 SARASOTA CENTER BLVD
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 59-1382583 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADI PROPERTY MANAGMENT
63 SARASOTA CENTER BLVD
SUITE 104
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWANK, JOHN
Address: 2903 SWIFTON DRIVE #67
City-St-Zip: SARASOTA, FL 34231

Title: VPD () Delete
Name: YOCUM, JOSEPH
Address: 3843 LAKE SHORE DR
City-St-Zip: BREMEN, IN 46506

Title: SD () Delete
Name: DE BOER, PAULA
Address: 2911 SWIFTON DR. #71
City-St-Zip: SARASOTA, FL 34231

Title: TD () Delete
Name: BRYAN, JOHN
Address: 4316 S. WATERCREST DR
City-St-Zip: TOLEDO, OH 43614

Title: AS () Delete
Name: ADI PROPERTY MANAGEM, ENT
Address: 63 SARASOTA CENTER BLVD
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: KING, HAZEL
Address: 2923 SWIFTON DRIVE #77
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: YOCUM, JOSEPH
Address: 3843 LAKE SHORE DR
City-St-Zip: BREMEN, IN 46506

Title: VP (X) Change () Addition
Name: KLEMM, FRANCIS
Address: 2941 SWIFTON DR.
City-St-Zip: SARASOTA, FL 34231

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELISE ANGELORO

AS

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date