

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726348

**FILED**  
**Apr 10, 2023**  
**Secretary of State**  
**8478169159CC**

**Entity Name:** GREENSWARD VILLAGE ONE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

745 GREENSWARD COURT  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

C/O VESTA PROPERTY SERVICES, INC.  
7000 ATLANTIC AVENUE 200  
DELRAY BEACH, FL 33446 US

**FEI Number:** 59-1562476

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRIM, DAYCHELLE  
7000 ATLANTIC AVENUE  
200  
DELRAY BEACH, FL 33446 US

*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:** DAYCHELLE TRIM

04/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name DHAM, KAPIL  
Address 7000 ATLANTIC AVENUE  
200  
City-State-Zip: DELRAY BEACH FL 33446

Title PRESIDENT  
Name ST. ONGE, ROBERT  
Address 7000 ATLANTIC AVENUE  
200  
City-State-Zip: DELRAY BEACH FL 33446

Title SECRETARY  
Name CIAMPA, JOANN  
Address 7000 ATLANTIC AVENUE  
200  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name DEANER, CLIFF  
Address 7000 ATLANTIC AVENUE  
200  
City-State-Zip: DELRAY BEACH FL 33446

Title TREASURER  
Name COTTONE, FRANK  
Address 7000 ATLANTIC AVENUE  
200  
City-State-Zip: DELRAY BEACH FL 33446

Title BOARD  
Name KANTOR, KANTOR  
Address 7000 ATLANTIC AVENUE  
200  
City-State-Zip: DELRAY BEACH FL 33446

Title BOARD  
Name DESILETS, PIERRE  
Address 7000 ATLANTIC AVENUE  
200  
City-State-Zip: DELRAY BEACH FL 33446

Title BOARD  
Name MAGYARI, JOE  
Address 7000 ATLANTIC AVENUE  
200  
City-State-Zip: DELRAY BEACH FL 33446

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*I hereby 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 all other like empowered.*

**SIGNATURE:** ST. ONGE, ROBERT

PRESIDENT

04/10/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title BOARD  
Name MOSTEL, JENNIFER  
Address 7000 ATLANTIC AVENUE  
200  
City-State-Zip: DELRAY BEACH FL 33446