

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90001 027 ****61.25

DOCUMENT # N02000001535

1. Entity Name
SWINTON PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**1605 N STATE RD 7
MARGATE, FL 33063**

Mailing Address
**1605 N STATE RD 7
MARGATE, FL 33063**

2. Principal Place of Business
**705 Linton Blvd
Suite, Apt. #, etc.
A-105**

3. Mailing Address
**705 Linton Blvd
Suite, Apt. #, etc.
A-105**

07122004 Chg-NP CR2E037 (10/03)



City & State
Delray Beach, FL
Zip
33444 Country
Palm

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4. FEI Number
16-1672981 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KAPLAN, EDWARD J
1605 N STATE RD 7
MARGATE, FL 33063**

7. Name and Address of New Registered Agent

Name
Peter Harrigan
Street Address (P.O. Box Number is Not Acceptable)
705 Linton Blvd A-105
City
Delray Beach, FL Zip Code
33444

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, EDWARD J	
STREET ADDRESS	1605 N STATE RD 7	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, MARILYN B	
STREET ADDRESS	1605 N STATE RD 7	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FINEBERG, LIBO B	
STREET ADDRESS	3500 GATEWAY DR, STE 201	
CITY-ST-ZIP	POMPANO BCH, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peter Harrigan	
STREET ADDRESS	705 Linton Blvd A-105	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE	DV	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMANDA Thomas	
STREET ADDRESS	7015 Swinton Ave. #A	
CITY-ST-ZIP	Delray Beach, FL 33444	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #