

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90560 016 \*\*\*\*70.00

<b>DOCUMENT # N02000001535</b> 1. Entity Name <b>SWINTON PLACE HOMEOWNERS ASSOCIATION, INC.</b>																																																																							
Principal Place of Business <b>705 LINTON BLVD A-105 DELRAY BEACH, FL 33444</b>		Mailing Address <b>705 LINTON BLVD A-105 DELRAY BEACH, FL 33444</b>																																																																					
2. Principal Place of Business <b>160 SE 6th Ave</b> Suite, Apt. #, etc. <b>Unit A-1</b> City & State <b>Delray Bch FL</b> Zip <b>33483</b> Country <b>USA</b>		3. Mailing Address <b>160 SE 6th Ave</b> Suite, Apt. #, etc. <b>Unit A-1</b> City & State <b>Delray Bch FL</b> Zip <b>33483</b> Country <b>USA</b>																																																																					
4. FEI Number <b>16-1672981</b>		Applied For <input type="checkbox"/> Not Applicable																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																					
6. Name and Address of Current Registered Agent  <b>HARRIGAN, PETER 705 LINTON BLVD A-105 DELRAY BEACH, FL 33444</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>160 SE 6th Ave Unit A-1</b> City <b>Delray Bch FL</b> Zip Code <b>33483</b>																																																																					
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 <u></u> (change of address) DATE <b>4/12/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																							
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																					
<b>Make check payable to Florida Department of State</b>																																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> </tr> <tr> <td></td> <td><b>DPT HARRIGAN, PETER</b> <input type="checkbox"/> Delete</td> <td></td> <td><b>add.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>705 LINTON BLVD A-105</b></td> <td>STREET ADDRESS</td> <td><b>160 SE 6th Ave A-1</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>DELRAY BEACH, FL 33444</b></td> <td>CITY-ST-ZIP</td> <td><b>Delray Bch FL 33483</b></td> </tr> <tr> <td></td> <td><b>DV THOMAS, AMANDA</b> <input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>701 S SWINTON AVE # A</b></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>DELRAY BEACH, FL 33444</b></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	NAME	TITLE	NAME		<b>DPT HARRIGAN, PETER</b> <input type="checkbox"/> Delete		<b>add.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>705 LINTON BLVD A-105</b>	STREET ADDRESS	<b>160 SE 6th Ave A-1</b>	CITY-ST-ZIP	<b>DELRAY BEACH, FL 33444</b>	CITY-ST-ZIP	<b>Delray Bch FL 33483</b>		<b>DV THOMAS, AMANDA</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>701 S SWINTON AVE # A</b>	STREET ADDRESS		CITY-ST-ZIP	<b>DELRAY BEACH, FL 33444</b>	CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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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.																																																																							
<b>SIGNATURE:</b> <u></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/12/05 5614411016</b> <small>Date Daytime Phone #</small>																																																																					