2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 09, 2006
Secretary of State

DOCUMENT# N02000001535

Entity Name: SWINTON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

160 SE 6TH AVE
UNIT A-1
DELRAY BEACH, FL 33483

New Principal Place of Business:

5970 SW 18TH STREET
SUITE 188
BOCA RATON, FL 33433 US

Current Mailing Address:

160 SE 6TH AVE
UNIT A-1
DELRAY BEACH, FL 33483

New Mailing Address:

5970 SW 18TH STREET
SUITE 188
BOCA RATON, FL 33433 US

FEI Number: 16-1672981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRIGAN, PETER
160 SE 6TH AVE
UNIT A-1
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

CID, FRANK
5970 SW 18TH STREET
SUITE 188
BOCA RATON, FL 33433 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: FRANK CID 06/09/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: HARRIGAN, PETER
Address: 160 SE 6TH AVE, UNIT A-1
City-St-Zip: DELRAY BEACH, FL 33483

Title: DV ( ) Delete
Name: THOMAS, AMANDA
Address: 701 S SWINTON AVE # A
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: CID, FRANK
Address: 5970 SW 18TH STREET SUITE 188
City-St-Zip: BOCA RATON, FL 33433

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK CID DPT 06/09/2006
Electronic Signature of Signing Officer or Director Date