

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000012299

1. Entity Name
VILLAGE AT SWINTON SQUARE CONDOMINIUM
ASSOCIATION, INC.



FILED
08 OCT 22 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8151 PETERS RD STE 1000
PLANTATION, FL 33324

Mailing Address
8151 PETERS RD STE 1000
PLANTATION, FL 33324

c/o Allied Property Management Group Inc.
2. Principal Place of Business - No P.O. Box #
1711 WORTHINGTON RD
Suite, Apt. #, etc.
103

3. Mailing Address
c/o Allied Property Management Group Inc.
1711 WORTHINGTON RD
Suite, Apt. #, etc.
103



09262008 Chg-NP CR2E037 (12/06)

City & State
West Palm Beach, FL
Zip
33409

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West Palm Beach, FL
Zip
33409

4. FEI Number
20-3932461
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Margolis Jeffrey R P.A.
200 S. Biscayne Blvd Suite 3400
Miami, FL 33131

Name
Allied Property Management Group Inc.
Street Address (P.O. Box Number is Not Acceptable)
1711 Worthington Road
Suite 103
City
West Palm Beach FL Zip Code
33409

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 Ron Simmons, Sr. Property Manager 9/26/2008
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MANDEL, WILLIAM	119 N. LONG PORT CIR. #28	DELRAY BEACH, FL 33444	<input type="checkbox"/>
VP/T	SODOWNICK, MICHELLE	1065 LONG -PERT CIR. #14F	DELRAY BEACH, FL 33444	<input type="checkbox"/>
S	GORSON, JAMES F	1019 W. LONGPORT CIR. #5B	DELRAY BEACH, FL 33444	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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]

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/08