2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012299

FILED Apr 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

C/O ALLIED PROPERTY MANAGEMENT GROUP, INC. 1711 WORTHINGTON RD., #103 WEST PALM BEACH, FL 33409

Current Mailing Address: New Mailing Address:

C/O ALLIED PROPERTY MANAGEMENT GROUP, INC. 1711 WORTHINGTON RD., #103 WEST PALM BEACH, FL 33409

FEI Number: 20-3932461 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ALLIED PROPERTY MANAGEMENT GROUP, INC. 1711 WORTHINGTON RD., #103 WEST PALM BEACH, FL 33409 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 MANDEL, WILLIAM
 Name:
 MANDEL, WILLIAM

 Address:
 119 N. LONG PORT CIR. #28
 Address:
 119 N. LONGPORT CIR. #2B

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:
 DELRAY BEACH, FL 33444

Title: () Delete Title: (X) Change () Addition SODOWNICK, MICHELLE Name: Name: SODOWNICK, MICHELLE Address: 1065 LONG -PERT CIR. #14F Address: 106 S LONGPORT CIR. #14F City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: DELRAY BEACH, FL 33444

Title: S (X) Delete Title: () Change () Addition

 Name:
 GORSON, JAMES F
 Name:

 Address:
 1019 W. LONGPORT CIR. #5B
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33444
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM MANDEL P 04/30/2009