

ND5000012299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

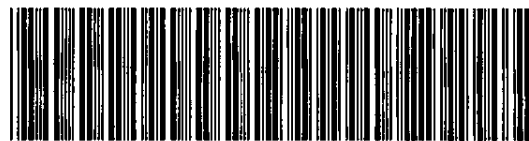
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600260041886

05/12/14--01028--022 **35.00

FILED
14 MAY 12 PM 2 13

Rolch8
5/23/14
1a

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Village at Swinton Square Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000012299

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen A. Gagliano, Esquire

Name of Contact Person

Karen A. Gagliano, PA

Firm/Company

955-N Northwest 17th Ave.

Address

Delray Beach, FL 33445

City/State and Zip Code

(Leave as Already listed as this is not to change)
E-mail address: (to be used for future annual report notification)

RA AGG@pac

For further information concerning this matter, please call:

Karen A. Gagliano

Name of Contact Person

at **561 243-9100**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Village at Swinton Square Condominium Association, Inc.
2. The principal office address: 3901 N. Federal Highway, Suite 202, Boca Raton, FL 33431

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/8/95 Document number: N05000012299

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Karen Gagliano, Esq.

955 N 17th Ave.

Delray Beach, FL 33445

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Karen A. Gagliano, Esquire

955-N Northwest 17th Avenue

P.O. Box NOT acceptable

Delray Beach, FL 33445

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer or authorized by the board, or the corporation has been notified in writing of the change.

Judith Hartnett
Signature of an officer or director

Judith Hartnett, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Karen Gagliano
Signature of Registered Agent

5-9-14

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)