

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N06000001083

FILED
Jan 23, 2009
Secretary of State

Entity Name: SAMPLE COMMONS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

SWIFT MANAGEMENT
1750 UNIVERSITY DR 205
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

SWIFT MANAGEMENT
1750 UNIVERSITY DR 205
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-5256874 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DR 205
CORAL SPRINGS, FL 33071 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: NICOLE SWIFT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CHIRINSKY, ERIC
Address: 201 NW 34TH PLACE, # 35
City-St-Zip: POMPANO BEACH, FL 33069

Title: P () Delete
Name: MAQUIRE, MICHAEL
Address: 201 NW 34TH PLACE, # 35
City-St-Zip: POMPANO BEACH, FL 33069

Title: S () Delete
Name: CURCIO, ALEX
Address: 18065 LONG LALLE DRIVE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: MICHAEL MAGUIRE

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01/23/2009

Electronic Signature of Signing Officer or Director

Date