



Appointment of Director

Company Name: **HARLINGTON HOSPICE ASSOCIATION LIMITED**

Company Number: **04199504**



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New Appointment Details

Date of Appointment: **16/04/2024**

Name: **MRS CARMEL MARY GORDON-DARK**

The company confirms that the person named has consented to act as a director.

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/08/1956**

Nationality: **IRISH**

Occupation: **INDEPENDENT NURSE CONSULTANT**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor