745533

(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:	$\neg \mid$
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: High Point of Fort Pierce, Condominium Section II Ass Name of Corporation
DOCUMENT NUMBER: 745533
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:
Deborah Ross, Esquire Name of Contact Person
Ross Earle & Bonan, P.A. Firm/Company
789 S Federal Highway, Suite 101 Address
Stuart, FL 34995 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deborah Ross at (772) 287-1745 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Persphone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:
Mailing Address: Amendment Section Street Address: Amendment Section
Division of Corporations Division of Corporations Division of Corporations Cliffon Building
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

4.3.8...

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{Flo}{Flo}$ in the State of Flower its registered office or registered agent, or both, in the State of Flower	orida	
1. The name of t	he corporation: High Point of Fort Pierce, Condominium Se	ection II Associa	<u>a</u>
2. The principal	office address: 723 High Point Boulevard		•
Fort Pierce	e, FL 34982		
3. The mailing a	ddress (if different): same as above		
4. Date of incorp	poration/qualification: 01/12/1979 Document number:	745533	
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	1	
	Elizabeth Bonan		
	759 S Federal Highway, Suite 212		
	Stuart, FL 34994	Sir 2	ï
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	77	·
	Ross Earle & Bonan, P.A.		
	789 S Federal Highway, Suite 101		
	P.O. Box NOT acceptable		
	Stuart, FL 34994		
The street address changed will	ess of its registered office and the street address of the business office of its a be identical.	registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an orac board, or the corporation has been notified in writing of the change.	fficer so	
	Nancy Ware Tre	asurer	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	lete performance agent. Or, if this confirm that the	
Sig	nature of Registered Agent 8/30/1/	···	
If signing on be ELIZAB KUSS EAN	half of an entity: TH BONAN LE + BONAN PA		

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