

N00733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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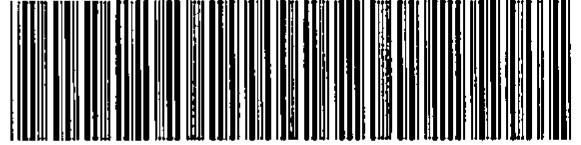
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WALTON COURT PROPERTY OWNERS' ASSOC INC  
Name of Corporation

DOCUMENT NUMBER: N00-733

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:

BARBARA POHL  
Name of Contact Person

WALTON COURT POA INC  
Firm/Company

2261 SE BRASHFORD ST  
Address

PORT ST LUCIE FL 34952  
City/State and Zip Code

bpohl39@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA POHL at ( 772 ) 335-1250  
Name of Contact Person 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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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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: WALTON COURT PROPERTY OWNERS' ASSC  
2. The principal office address: 2261 SE BRASHFORD ST  
PORT ST LUCIE FL 34952  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1988 Document number: N00733

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)

JAY STEVEN LEVINE P.A.  
2500 N. MILITARY TRL STE 490  
BOCA RATON FLORIDA 33431

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

LEVINE LAW GROUP  
2500 N. MILITARY TRAIL SUITE 490  
BOCA RATON FLORIDA 33431  
P.O. Box NOT acceptable

19 JUN 21 PM 2:18  
JAY STEVEN LEVINE  
2019 JUN 21 PM 2:18  
JAY STEVEN LEVINE

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 so authorized by the board, or the corporation has been notified in writing of the change.

Barbara Pohl  
Signature of an officer or director

BARBARA POHL BOB-SECRET  
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.

Jay Steven Levine  
Signature of Registered Agent

6/21/19  
Date

If signing on behalf of an entity:

JAY STEVEN LEVINE  
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)