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## DICKER, KRIVOK & STOLOFF, P.A.

## 1818 AUSTRALIAN AVENUE SOUTH SUITE 400 WEST PALM BEACH, FLORIDA 33409

**EDWARD DICKER** JAMES N. KRIVOK SCOTT A. STOLOFF LAURIE G. MANOFF

TELEPHONE (561) 615-0123 FAX (561) 615-0128

January 12, 2007 SENT VIA REGULAR U.S. MAIL

Florida Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

> Re: Heron Cove Neighborhood Association, Inc.

To whom it may concern:

Enclosed is the Statement of Change of Registered Office or Registered Agent or Both For Corporations for Heron Cove Neighborhood Association, Inc., for filing with the Division of Corporations. Also, enclosed is the our firm's check in the amount of Thirty-Five Dollars (\$35.00) representing filing fees for the same.

If you require anything further, please contact me.

Sincerely,

JAMES N. KRIVOK

For the Firm

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JNK/jf Enclosures

cc: Association, Attention: Ed Harvey, President

T:\Documents\Janet\JK\HERON COVE NEIGHBORHOOD ASSN 2304\FlaSecofStateFilingLtr.wpd 

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

statement of cha	provisions of sections 607.0502, 617.0502, 607. Inge is submitted for a corporation organized un r to change its registered office or registered ag	nder the laws of the S	tate of F	LORIDA	_	
1. The name of	the corporation: HERON COVE NEIGHBORHO	OOD ASSOCIATION	I, INC.			
2. The principal	office address: c/o PHOENIX MANAGEMENT,	3082 JOG ROAD, LA	KE WOR	TH FL 33467		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 03/05/2003	Document number: _	N030000	01945		
	t street address of the current registered agent artment of State:	nd registered office or	n file with	the		
	ROSENTHAL, DAVID C.					
	C/O PHOENIX MANAGEMENT SERVICE	:s		₹ ~		
	3082 JOG ROAD, LAKE WORTH, FL 3346	7		ECRI		
6. The name and (if changed):	I street address of the new registered agent (if che JAMES N. KRIVOK, ESQUIRE, DICKER,	• •	IN 18 PM 3: ETARY OF ST HASSEE, FLO			
	1818 AUSTRALIAN AVE. S. STE. 400					
	(P.O. Box NOT acceptable)  WEST PALM BEACH, FL 33409					
The street addre	ess of its registered office and the street address be identical.	ss of the business off	fice of its	registered age	ent,	
Such change wa authorized by the	as authorized by resolution duly adopted by it ne board, or the corporation has been notified	s board of directors of in writing of the cha	or by an o	fficer so		
Edn (Signati	,	fward M H		•		
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agre to comply with the provisions of all statutes re d I am familiar with and accept the obligation ng filed merely to reflect a change in the regis s been porfied in writing of this change.	ee to act in this capacelative to the proper on the proper of my position as restered office address	city. and comp egistered , I hereby	lete performa agent. Or, if confirm that	nce this the	
Jus Sisi	nature of Registered Agent)	//16/07 (Date	)		_	
If signing on be	half of an entity:	/				
		••				
(	Typed or Printed Name)	and the second				
	* * * FILING FEE: \$3	5.00 * * *				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)