Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6380

GERAIDINE

: CASEY CIKLIN LUBITZ MARTENS & O'CONNELL

Account Number : 076376001447 Phone

(561)832-5900

Fax Number

: (561)833-4209

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

REGISTERED AGENT CHANGE THE SOUTHLAKE ASSOCIATION INC.

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6/24/2010

Tallahassee, FL 32301

COVER LETTER

TO: Amendment Division of	nt Section f Corporations	· ·	
SUBJECT:	The Southlake Asso	ciation, Inc.	
	Name of Con	poration	
DOCUMENT NU	MBER: 71	2780	
The enclosed State	ment of Change of Registered Office/A	gent and fee are submitted for filing.	
Please return all co	rrespondence concerning this matter to	the following:	
	Jeffrey M. Garb	er Fegulto	
	Name of Conta	et Person	
	5 ()	<u> </u>	
. ·	Casey Ciklin	Lubitz	
	Firm/Com	pany	
		-·	
	515 N. Flagter Dri	ve. 20th Floor	
	Addres	8	
		;	
	West Palm Beac	h El 22401	
<i>i</i>	City/State and	Zip Code	
•	•		
	jgarber@caseyo E-mail address: (to be used for futu	siklin.com	
_	E-mail address: (to be used for futi	ire annual report notification)	
•			
For further informs	tion concerning this matter, please call	: ;	
1	Geraldine Hruda	at (581) 832-5900	
	ne of Contact Person	Area Code & Daytime Telephono Number	
-	•		
Bnclosed is a \$35.0	0 check made payable to the Departme	ent of State.	
	Mailing Address: Amendment Section	Street Address:	
-		Amendment Section	
•	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32314 2661 Executive Center Circle		

CR2E045 (8/05)

	provisions of sections 6	· · · · · · · · · · · · · · · · · · ·			is
	nge is submitted for a c to change its registere		_		
	ne corporation: The S			1	
2. The principal of	office address: 315 S	. Lake Drive, Pair	n Beach, FL 3348	<u>. O</u>	
3. The mailing ac	dress (if different):				
4. Date of incorp	oration/qualification: _	05/22/1967	Document number:	71278	30
	street address of the cu iment of State: (If resig		and registered office	on file with the	
	Thomas M. Mettle	er			是智
	340 Royal Poincia	ana Plaza, Sulte !	500	<u> </u>	
	Paim Beach, FL 3	33480	:		
(if changed):	street address of the ne Jeffrey M. Garber		changed) and /or regi	stered office	(m)
	515 N. Flagler Orl	lve, 20th Floor		1	
	West Palm Beach	P.O. Box NOT acc 1, FL 33401	eptable		
The street address changed will	se of its registered offi be identical.	ice and the street add	ress of the business o	ffice of its registere	d agent,
Such change was	thorized by resolution of the corpor	ation duly adopted by	its board of directors od in writing of the ch	or by an officer so	•
Neller Mil	e of hypothices or director	hal	Land Honor of type	name and title	ENT
I hereby accept in further agree to further agree to of my duties, and document is being corporation has	the appointment as re o comply with the pro d I gm familiar with a ng filed merely to refle been notified to writh	gistered agent and a visions of all statutes nd accept the obligat ect a change in the re ng of this change.	gree to act in this cap relative to the prope lon of my position as gistered office addre.	acity r æid complete perj registered agent. (ss, I hereby confirm	formance or, if this that the
نور در		· ·	June :	24, 2010	
7 : 100	abire of Herristand Apent		-	**	
If signing on bet	half of an entity:				

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2ED45 (8/05)