

720161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

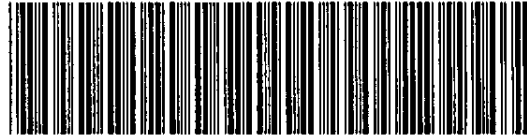
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
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T. LEMIEUX

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: El Castelay Condominium Apts. of Lake Worth/change of registered agent's street address
Name of Corporation

DOCUMENT NUMBER: 720161

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:

Paula Samarel, LCAM

Name of Contact Person

Prima Property Management LLC

Firm/Company

PO Box 7702

Address

Delray Beach, FL 33482

City/State and Zip Code

Paula@Primapropertyllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Samarel

Name of Contact Person

at (**561**) **265-5358**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2013

PAULA SAMAREL, LCAM
P.O. BOX 7702
DELRAY BEACH, FL 33482

SUBJECT: EL CASTELAY CONDOMINIUM APTS. OF LAKE WORTH, INC.
Ref. Number: 720161

We have received your document for EL CASTELAY CONDOMINIUM APTS. OF LAKE WORTH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is not complete please fill out sections 1 thur 2. Please have an officer sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 813A00020396

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Thank you -

ANY QUESTIONS
PLEASE CONTACT ME @

any questions please contact me @
561-265-5358

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: El Castelay Condominium Apts. of Lake Worth, Inc
2. The principal office address: 1410 South Federal Hwy, Lake Worth
FL, 33460
3. The mailing address (if different): P.O. Box 7702, Delray Beach FL
33484
4. Date of incorporation/qualification: 2-01-1971 Document number: 720161
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)

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

5733 Aspen Ridge Court

Delray Beach, FL 33484

P.O. Box NOT acceptable

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.

Troy Rose
Signature of an officer or director

Troy Rose, Title
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.

Paula J. Samarel
Signature of Registered Agent

8/21/13
Date

If signing on behalf of an entity:

Paula J. Samarel
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)

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AND
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TALLAHASSEE, FLORIDA