•	
(Requestor's Name)	
(Address)	
(Address)	—
( .a	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Opedial matuations to 1 lining officer.	
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Office Use Only



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## **COVER LETTER**

Amendment Section
. Division of Corporations

SUBJECT: Pompano Lakes Homeowners Association, Inc.						
	Name of	Corporation				
DOCUMENT NU	JMBER:	727581				
The enclosed State	ement of Change of Registered Offi	ce/Agent and fee are submitted for filing.				
Please return all co	orrespondence concerning this matt	er to the following:				
	Belinda Spir Name of C	vey, President ontact Person				
		owners Association, Inc.				
	311 NW 46th Street Address					
Deerfield Beach FL 33064  City/State and Zip Code						
-	plhoastaff@ E-mail address: (to be used for	gmail.com future annual report notification)				
For further inform	. ation concerning this matter, please	call:				
Na	Kelly Rodriguez me of Contact Person	at ( 561 ) 296-5444  Area Code & Daytime Telephone Number				
Enclosed is a \$35.	00 check made payable to the Depa	rtment 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				

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flori d under the laws of the State d agent, or both, in the State	of Florida			
1. The name of t	he corporation: Pomp	ano Lakes H	omeowners Associa	tion, Inc.			
2. The principal	office address: 311 NV	V 46th Street, D	eerfield Beach FL 330	64			
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification:	9/25/1973	Document number:	727581			
	I street address of the cur tment of State: (If resign		nt and registered office on file	with the			
	Resigned						
6. The name and (if changed):	street address of the nev	w registered agent (	if changed) and /or registered	11 JUL - 1 PH 2: 17			
	SKRLD, Inc.			2: I			
	201 Alhambra Circ	le, #1102					
	P.O. Box NOT acceptable						
	Coral Gables, FL	33134					
The street address changed will	ess of its registered office be identical.	ce and the street ad	dress of the business office	of its registered agent,			
			y its board of directors or by ied in writing of the change.				
Belleville	e of an officer or director	, Besident	Belinda Spivey,	President			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to reflec s been notified in writing	istered agent and a isions of all statute d accept the obliga a change in the i g of this change.	ngree to act in this capacity, is relative to the proper and ation of my position as regis registered office address, I h	complete performance tered agent. Or, if this ereby confirm that the			
f-11	h		6/28/11				
Sig	nature of Registered Agent	·	Date				
If signing on be	half of an entity:						
	Lisa A. Lerner						
Т	yped or Printed Name						

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