

732752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

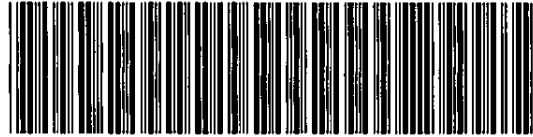
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

OCT 24 2012

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TWELVE OAKS CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 732752

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:

THERESA M. LEMME, ESQUIRE

Name of Contact Person

ST. JOHN ROSSIN PODESTA BURR & LEMME, PLLC

Firm/Company

1601 FORUM PLACE, SUITE 700

Address

WEST PALM BEACH, FLORIDA 33401

City/State and Zip Code

TML@STJOHNROSSIN.COM

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

For further information concerning this matter, please call:

THERESA M. LEMME

Name of Contact Person

at (**561**) **655-8994**

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

**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: TWELVE OAKS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 11353 TWELVE OAKS WAY, NORTH PALM BEACH, FLORIDA 33408
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/13/1975 Document number: 732752

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)

BECKER & POLIAKOFF, P.A.

625 N. FLAGLER DRIVE, 7TH FLOOR

WEST PALM BEACH, FLORIDA 33401

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

ST. JOHN ROSSIN PODESTA BURR & LEMME, PLLC

1601 FORUM PLACE, SUITE 700

P.O. Box NOT acceptable

WEST PALM BEACH, FLORIDA 33401

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.

Rachel Flanagan
Signature of an officer or director

RACHEL FLANAGAN
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.

David St. John
Signature of Registered Agent

10/11/12
Date

If signing on behalf of an entity:

David St. John
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA