

# 740782

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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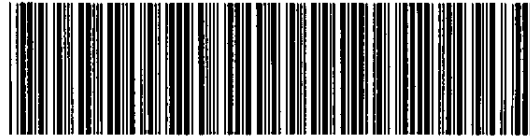
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

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**BECKER &  
POLIAKOFF**

**Marty Platts, Esq.**  
**Senior Attorney**  
Phone: (561) 820-2870 Fax: (561) 832-8987  
mplatts@bplegal.com

**Bank of America Centre**  
**625 N. Flagler Drive, 7th Floor**  
**West Palm Beach, Florida 33401**

August 31, 2015

**VIA REGULAR U.S. MAIL**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Change of Registered Agent Mailing Address**

Dear Sir or Madam:

Enclosed please find the executed Statement of Change of Registered Office form for the above-reference Association, as well as a check in the amount of \$35.00 to cover the filing fee cost.

If you have any questions or require anything further, please do not hesitate to contact me. Thank you in advance for your prompt attention to this matter.

Very truly yours,



**Marty Platts**  
For the Firm

MP/asm  
Enclosure

ACTIVE: 7535929\_1

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Homeland Property Owner's Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 740782

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:

Marty Platts, Esq.

Name of Contact Person

BECKER & POLIAKOFF, P.A.

Firm/Company

625 N. Flagler Drive, 7th Floor

Address

West Palm Beach, FL 33401

City/State and Zip Code

mplatts@bplegal.com

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

For further information concerning this matter, please call:

Marty Platts, Esq.

Name of Contact Person

at ( 561 ) 820-2870

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

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SECRETARY OF STATE  
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: HOMELAND PROPERTY OWNER'S ASSOCIATION, INC.
2. The principal office address: DAVENPORT PROF PROP MGMT LLC, 6620 LAKE WORTH RD, STE F, LAKE WORTH, FL 33467
3. The mailing address (if different): BECKER & POLIAKOFF, P.A., c/o Marty Platts Esq., 625 N. Flagler Drive, 7th Floor,
4. Date of incorporation/qualification: 11/16/1977 Document number: 740782
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.

ONE EAST BROWARD BLVD., SUITE 1800

FT. LAUDERDALE, FL 33301

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

BECKER & POLIAKOFF, P.A.

625 N. Flagler Drive, 7th Floor

P.O. Box NOT acceptable

West Palm Beach, FL 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.

N/A

Signature of an officer or director

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.*



Signature of Registered Agent

8/31/15

Date

If signing on behalf of an entity:

Marty Platts, Esq.

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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15 SEP - 4 PM 3:29  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE