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COVER LETTER

Division of Corporations SUBJECT: Delray Villas Plat No. 1 Homeowners' Association, Inc. (Name of Corporation) DOCUMENT NUMBER: # 746341 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: Carmen Sierra (Name of Contact Person) Becker & Poliakoff, P. A. (Firm/Company) 1850 Fountainview Blvd. Suite 103 (Address) Port St. Lucie, FL 34986 (City/State and Zip Code) For further information concerning this matter, please call: Carmen Sierra (Area Code & Daytime Telephone Number) (Name of Contact Person)

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

TO: Amendment Section

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

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

of change is submitted for		.0502, 607.1508, or 617.1508, Florida Statu nder the laws of the State of <u>Florida</u> oth, in the State of Florida.	ites, this statement in order to
1. The name of the corpor	ration: Delray Villas Pl	lat No. 1 Homeowners' Association, Inc.	
2. The principal office add	dress: PO Box 7228		·
	Delray Beach,	Florida 33482	
3. The mailing address (if	different):		
4. Date of incorporation/c	ualification: 03/20/1979	Document number: #746341	
	dress of the current registerate: (If resigned, enter resign	ed agent and registered office on file with the ned)	ne
	Becker & Poliakoff	f PA	
Attn: Peter C. Mollengarden, Esq.			_ = =
	625 N. Flagler Driv	ve, 7 th Floor	
	West Palm Beach,	Florida 33401	MAR 16 AM 9: 44 CRETARY OF STATE AHASSEE, FLORIDA
6. The name and street ad (if changed):	J	agent (if changed) and /or registered office	6 A¥
	Becker & Poliakoff	f, P.A	9: 44 STATE LORID
	Becker & Poliakoff, P.A. c/o Kenneth S. Direktor 625 North Flagler Drive, 7 th Floor		22 5
	625 North Flagler I (P.O. Box NO	- Þ''' -	
	West Palm Beach,	• •	
	west railli beach,	Florida 33401	-
The street address of its rechanged will be identical.		et address of the business office of its regist	ered agent, as
	zed by resolution duly adoption has been notified in write	ted by its board of directors or by an officer ting of the change.	so authorized by
(Signature of an officer or director)		(Printed or typed name and title)	
I further agree to comply duties, and I am familiar	with the provisions of all st with and accept the obligate ect a change in the registere	and agree to act in this capacity. atutes relative to the proper and complete p ion of my position as registered agent. Or, i ed office address, I hereby confirm that the c	f this document is
1/1/6	グジ	March 12 ac	a
		Much 13, 200	7
(Signature of Region If signing on behalf of an	entity:	(Date)	
Kenneth S. I			
(Typed or Prin			