746341

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Amendment Section Division of Corporations TO:

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:
Kaitlin Laganelli
Name of Contact Person
Florida Association Attorneys
Firm/Company
824 W Indiantown Road
Address
Jupiter, FL 33458
City/State and Zip Code
WRUSSO@floridaonemgt.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kaitlin Laganelli at (561) 627-3585 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
in orde	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: DELRAY VILLAS PLAT NO. 1 HOMEOWNERS' ASSOCIATION, INC.
2. The principal	office address: 14257 CAMPANELLI DR DELRAY BEACH, FL 33484
3. The mailing a	ddress (if different): PO BOX 7228 DELRAY BEACH, FL 33482
4. Date of incorp	poration/qualification: 03/20/1979 Document number: 746341
5. The name and Florida Depar	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	BALDWIN, WALLY, ESQ.
	5405 OKEECHOBEE BLVD. SUITE 202
	WEST PALM BEACH, FL 33417 Street address of the new registered agent (if changed) and /or registered office
6. The name and (if changed):	
	FLORIDA ASSOCIATION ATTORNEYS
	FLORIDA ASSOCIATION ATTORNEYS 824 W INDIANTOWN ROAD 9 2
	P.O. Box NOT acceptable
	JUPITER, FL 33458
The street addre as changed will	ss of its registered office and the street address of the business office of its registered ager be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Marline	- MAXMAN Francis Marlene [ETI/Zman
Lhereby accept	Printed or typed name and title the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligation of my position as registered agent. Or, if the filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
If signing on bel	nalf of an entity:
Brennan	Gregor, Esquire ped or Printed Name

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