

749091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

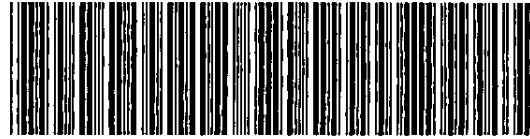
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800246375088

04/03/13--01008--018 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR -3 AM 9:30

Ra/Ro/ch8
@ 4.9.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CYPRESS LAKES HOMEOWNERS ASSOCIATION III-A, INC.
Name of Corporation

DOCUMENT NUMBER: 749091

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:

JEFFREY L. PETERS, ESQ.

Name of Contact Person

LAW OFFICE OF JEFFREY L. PETERS, P.L.

Firm/Company

1655 PALM BEACH LAKES BLVD., STE. 900

Address

WEST PALM BEACH FLORIDA 33401

City/State and Zip Code

jpeters@florida-counsel.com

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

For further information concerning this matter, please call:

JEFFREY L. PETERS

Name of Contact Person

at **561 689-6660**

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: CYPRESS LAKES HOMEOWNERS ASSOCIATION III-A, INC.
2. The principal office address: 3445 CYPRESS TRAIL
WEST PALM BEACH, FLORIDA 33417
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9-26-79 Document number: 749091

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)

GALVAGNI, MARIE

3327 AMERICO DRIVE

WEST PALM BEACH, FLORIDA 33417

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

LAW OFFICE OF JEFFREY L. PETERS, P.L.

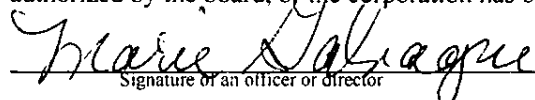
1655 PALM BEACH LAKES BLVD., STE. 900

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, of the corporation has been notified in writing of the change.


Signature of an officer or director

MARIE GALVAGNI, PRESIDENT

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

MARCH 29, 2013

Date

If signing on behalf of an entity:

LAW OFFICE OF JEFFREY L. PETERS, P.L.

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)

13 APR -3 AM 9:30
OFFICE OF THE
CLERK OF THE
DIVISION OF CORPORATIONS