

749434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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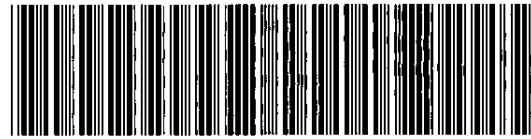
(Business Entity Name)

(Document Number)

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*registered
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*APR
12/2/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: High Point of Delray West Master Association, Inc
Name of Corporation

DOCUMENT NUMBER: 749434

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:

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

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

For further information concerning this matter, please call:

Eileen Durrance at (561) 820-2892
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
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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STATEMENT OF CHANGE OF REGISTERED OFFICE
OR REGISTERED AGENT, OR BOTH

NOV 29 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To the Secretary of State of the State of Florida.

Pursuant to the provision of Sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida submits the following statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.

1. The name of the corporation is **High Point of Delray West Master Association, Inc.**
2. The mailing address of the corporation is: **c/o Phil Cittadino Management, Inc., 14000 Military Trail, Suite 204-C, Delray Beach, FL 33484**
3. Date of incorporation/qualification: **10/22/1979** Document number: **749434**
4. The name and address of the current registered agent and office
**Becker & Pollakoff, P.A.
450 Australian Ave. S., 7th Floor
West Palm Beach, FL 33401**
5. The name and address of the new registered agent and/or registered office is: **Becker & Poliakoff, P.A., 625 N. Flagler Drive, 7th Floor, West Palm Beach, FL 33401**

The street address of its registered office and the 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.

(signature of an officer, chairman or vice chairman of the Board)

(Date)

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity: _____

(Typed or Printed Name)

(Capacity)

(Date)

• ** FILING FEE: \$35.00 ***

• Division of Corporations

P. O. Box 6327

Tallahassee, FL 32314