

749601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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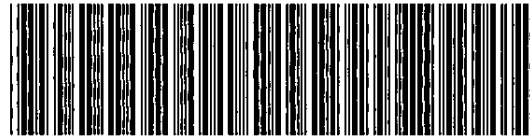
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

R/A / R/O / chs
100 9/27/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cloisters Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 749601

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:

Linda Jo Lewis
Name of Contact Person

Associated Property Management
Firm/Company

1928 Lake Worth Rd.
Address

Lake Worth, FL 33461
City/State and Zip Code

LLEWIS@ASSOCPROPMGT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Jo Lewis at (561) 588-7210 EXT. 224
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

SEP 17 2012

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: Cloisters Property Owners Association
2. The principal office address: 1928 Lake Worth Rd.
Lake Worth, Fl. 33461
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/31/1970 Document number: 749601

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)

Chin-Lenn, Natalie
2300 P.B. Lakes Blvd., Suite 308
West Palm Beach, Fl. 33409

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

Victoria Morton
800 Village Square Crossing, #222
P.O. Box NOT acceptable
Palm Beach Gardens, Fl. 33410

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.

[Signature]
Signature of an officer or director

Azryl Wallis, Pres.
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]
Signature of Registered Agent

9/13/12
Date

If signing on behalf of an entity:

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)

12 SEP 26 AM 10:33
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA