## 751495

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Susiness Littly Name)                  |
| (Document Number)                       |
| Certificates of Status                  |
| Special Instructions to Filing Officer: |
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Office Use Only



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Harris - 461 (25) 1 (4) 5 (5)

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## **COVER LETTER**

| Division of Corporations  |
|---|
| SUBJECT: <u>EDGEMERE HOMEOWNERS</u> ASSO INC<br>Name of Corporation                           |
| DOCUMENT NUMBER: 75/495   |
| 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:                     |
| ANGELA 5 SMITH  Name of Contact Person  |
| EDGEMERE HOMEOWNERS ASSO IVC<br>Firm/Company  |
| 6030 EDGE MERE COURT  |
| PAIN BEACH GARDENS FL 33410 City/State and Zip Code   |
| E-mail address: (no be used for future annual report notification)                            |
| For further information concerning this matter, please call:                                  |
| ANGELA 5 SM17H at (561) 309-3664  Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

CR2E045 (03/12)

TO:

Amendment Section

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

| statement of change is submitted for a corporation organized under the laws of the State of   |
|---|
| in order to change its registered office or registered agent, or both, in the State of Florida.   |
| 1. The name of the corporation: EPGEMERE HOMEOWNERS ASSO INC  |
| 2. The principal office address: 60 20 EDGENERE COURT   |
| PALM BEACH GARDENS FL 334.10  |
| 3. The mailing address (if different): SANF   |
| 4. Date of incorporation/qualification: 3-11-1980 Document number: 75/495   |
| 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)  |
| Resigned  |
| · · · · · · · · · · · · · · · · · · ·   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| ANGELA S SMITH  |
| 4020 EDGENERE COURT   |
| 4020 EDGEMERE COURT P.O. BOX NOT acceptable  PALM BEACH GARDENS A 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 of an officer or director JUNE RALLEN TREAS   |
| 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   |
| Signature of Registered Agent Date  If signing on behalf of an entity:  |
|   |
| Ancieca S. Sunda  |

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