

752367

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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NOV 05 2012

T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Los Pinos Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 752367

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:

Karen Lippman
Name of Contact Person

Summit Association Services
Firm/Company

2801 N. University Drive Suite 204
Address

Coral Springs, FL 33065
City/State and Zip Code

karen@lippmanfc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Lippman at (561) 999-9701 ext. 126
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

**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: Los Perdes Property Owners Association, Inc.
2. The principal office address: 817 George Bush Blvd.
Delray Beach, FL 33483
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/06/1980 Document number: 752367

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)

David Pugh
817 George Bush Blvd.
Delray Beach, FL 33483

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

Karen Lippman
2801 North University Drive Suite 204
P.O. Box NOT acceptable
Coral Springs, FL 33065

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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

IRWIN GERBER TREO
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.

Karen Lippman
Signature of Registered Agent

10/25/12
Date

If signing on behalf of an entity:

KAREN LIPPMAN
Typed or Printed Name

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