752822

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<u> </u>
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PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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SECRETARY OF SHITEMS BIVISION OF CORPORATIONS

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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Stuart West Property Owners Association, Inc. Name of Corporation			
DOCUMENT NUMBER: 752822			
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:			
Deborah Rose, Esquire			
Name of Contact Person			
Ross Earle & Bonan, P.A. Firm/Company			
789 S Federal Highway, Suite 101			
Address			
Ot 51 04004			
Stuart, FL 34994 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
•			
For further information concerning this matter, please call:			
Deborah Ross at (772) 287-1745 Name of Contact Person Area Code & Daytime Telephone Number			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			
Amendment Section Amendment Section			
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			

CR2E045 (8/05)

477 1 101

Tallahassee, FL 32314

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2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ge is submitted for a corporation organized under the laws of the State of Flo to change its registered office or registered agent, or both, in the State of Flori	rida
	e corporation: Stuart West Property Owners Association, In	
2. The principal o	ffice address: 2043 14th Ave	
Vero Beach	, FL 32960	
	dress (if different): PO Box 1335 , FL 34991	
4. Date of incorpo	oration/qualification: 06/06/1980 Document number:	752822
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	ne
<u>.</u>	Deborah Ross	
_	759 S Federal Highway, Suite 212	
<u>-</u>	Stuart, FL 34994	- PANE
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office	NISION OF PH 2:57
<u> </u>	Ross Earle & Bonan, P.A.	ORPO PH
	789 S Federal Highway, Suite 101	PH 2: 57
_	P.O. Box NOT acceptable	51 %
<u> </u>	Stuart, FL 34994	
The street address as changed will b	s of its registered office and the street address of the business office of its re e identical.	egistered agent,
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by an off board, or the corporation has been notified in writing of the change.	icer so
Signature	of an other or director Deannie In John John John John John John John Joh	issain't
I hereby accept the I further agree to of my duties, and document is being corporation has be	he appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and comple I am familiar with and accept the obligation of my position as registered ag g filed merely to reflect a change in the registered office address, I hereby c been notified in writing of this change.	ete performance gent. Or, if this onfirm that the
Signa	ture of Registered Agent Date	
If signing on beha	• • •	
EUZABETT.	1 BONIAN, ESO, ed or Printed Name	

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