

753364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEC 10 2015

*Handwritten signature*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOWNHOMES OF LIGHTHOUSE POINT, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 753364

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:

INGER JONES, Secretary

Name of Contact Person

TOWNHOMES OF LHP, INC.

Firm/Company

2112 N.E. 44 STREET

Address

LIGHTHOUSE POINT, FL 33064-9010

City/State and Zip Code

mjinger@att.net

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

For further information concerning this matter, please call:

Inger Jones, Secretary

Name of Contact Person

at ( 954 ) 9429310

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TOWNHOMES OF LIGHTHOUSE POINT, INC.

2. The principal office address: 2100-2142 NE 44 STREET  
LIGHTHOUSE POINT, FL 33064

3. The mailing address (if different): P.O. BOX 5082  
LIGHTHOUSE POINT, FL 33064-5082

4. Date of incorporation/qualification: 07/16/1980 Document number: 753364

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):

DAVID R. ROY, ESQ., DAVID R. ROY, P.A.

4209 N. FEDERAL HIGHWAY

P.O. Box NOT acceptable

POMPANO BEACH, FL 33064

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

Inger Jones, Secretary

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 of Registered Agent

11-30-15  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA