

753696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 18 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 753696

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:

Allen Sugarman

Name of Contact Person

SPECTRUM ASSOCIATION SERVICES, INC

Firm/Company

8927 HYPOLUXO ROAD, SUITE A-4 #188

Address

LAKE WORTH, FL 33467

City/State and Zip Code

sugarsir@gmail.com

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

For further information concerning this matter, please call:

Richard Schagrin

561

716*2133

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 JUL 18 PM 5:15

June 20, 2016

ALLEN SUGARMAN
SPECTRUM ASSOCIATION SERVICES INC
8927 HYPOLUXO ROAD - STE. A-4 #188
LAKE WORTH, FL 33467

SUBJECT: DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: 753696

We have received your document for DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 716A00012879

**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 2133 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DELRAY LAKES ESTATES HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: C/O SPECTRUM ASSOCIATION SERVICES, INC.
8927 HYPOLUXO ROAD, SUITE A-4 #188, LAKE WORTH, FL 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/8/1980 Document number: 753696
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)

Shir Law Group, P.A.

1800 NW CORPORATE BLVD, SUITE 200

BOCA RATON, FL 33431

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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

Richard G Schagrin, Treasurer

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.

By: C T Corporation System
Katie Wonsch, Asst-Sec.
Signature of Registered Agent

7/12/16
Date

If signing on behalf of an entity:

Katie Wonsch
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)

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