

754559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

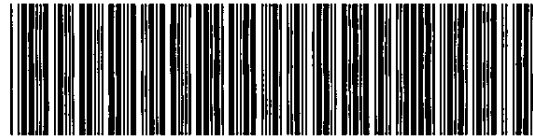
(Business Entity Name)

(Document Number)

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RA Change
06/12/14
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sherwood Lakes Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 754559

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:

Charles Ancona

Name of Contact Person

Sherwood Lakes Homeowners Association, Inc.

Firm/Company

5700 LAKE WORTH RD., SUITE 207

Address

LAKE WORTH, FL 33463

City/State and Zip Code

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

For further information concerning this matter, please call:

Charles Ancona

Name of Contact Person

at (561) 439-5900

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: Sherwood Lakes Homeowners Association, Inc.
2. The principal office address: ~~5007~~ 5100 Lake Worth Road, SUITE 207 LAKE WORTH, FL 33463
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/09/1980 Document number: 754559

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)

ST.JOHN, ROSSIN, BURR & LEMME P.L.L.C.
1601 FORUM PLACE CENTURION TOWER, SUITE 701
WEST PALM BEACH, FL 33401

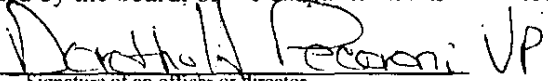
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Konyk & Lemme PLLC
777 South Flagler Drive, Suite 800 - West Tower
P.O. Box NOT acceptable
West Palm Beach, Florida 33401

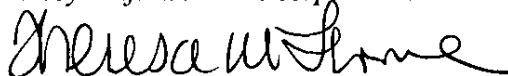
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 VP DANETTE FITZGERALD, President
Signature of an officer or director 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.

 5/14/2014
Signature of Registered Agent Date

If signing on behalf of an entity:

Theresa M. Lemme
Typed or Printed Name

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