## 155445

	(Requestor's Name)	
	(Address)	<u>.</u>
	(Address)	
<u> </u>	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer:	
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## **COVER LETTER**

Division of Corporations

SUBJECT: Ironwood No. 1 Homeowners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 755445

Amendment Section

TO:

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:

David D. Iglesias, Esq.

Name of Contact Person

Iglesias Law Group, P.A.

Firm/Company

15800 Pines Blvd, Suite 303

Address

Pembroke Pines, FL 33027

City/State and Zip Code

david@ilegalgroup.com

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

For further information concerning this matter, please call:

David D. Iglesias, Esq.

.954 \362-5222

Name of Contact Person

Area Code & Davtime 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ingerise is submitted for a corporation organized under the laws of the State of Florida in the control of Florida in the control of Florida.
1. The name of	the corporation: Ironwood No. 1 Homeowners Association, Inc. office address: SEA BREEZE COMMUNITY MANG. SERVICES, INC.
	RTHLAKE BLVD. PALM BEACH GARDENS, FL 33410
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 03/31/1981 Document number: 755445
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	SEA BREEZE CMS,INC.
	4227 NORTHLAKE BLVD.
	PALM BEACH GARDENS, FL 33410
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Iglesias Law Group, P.A.
	15800 Pines Blvd, Suite 303  P.O. Box NOT acceptable
	Pembroke Pines, FL 33027
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change Wa	s authorized by resolution duly adopted by its board of directors or by an officer so e board of the corporation has been notified in writing of the change.
1/7	Howard LSI. Ptin Bresidet
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	Printed or typed name and title  the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
	altre of Resistered Agent  nalf of an entity:
David D. Igl	·
	ped or Printed Name