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COVER LETTER

Division of Corporations SUBJECT: Villas of Palm Beach Property Owners Association, Inc. Name of Corporation DOCUMENT NUMBER:_ 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: Elizabeth K. Schlaerth Name of Contact Person PeytonBolin, PL Firm/Company 3343 W Commercial Blvd, Suite 100 Address Fort Lauderdale, FL 33309 City/State and Zip Code villasofpalmbeach33415@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Elizabeth K. Schlaerth Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Street Address: Mailing Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

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

statement of change is submitted for a	607.0502, 617.0502, 607.1508, or 617.1508 corporation organized under the laws of the red office or registered agent, or both, in the	e State of	Florida_	
1. The name of the corporation: Vill	las of Palm Beach Property	Owners	Association,	Inc.
2. The principal office address: 496	9 Saratoga Road			_
	Palm Beach, FL 33415			_
3. The mailing address (if different):	PO Box 16944			_
	West Palm Beach, FL 33416			_
4. Date of incorporation/qualification:	1/24/1992 Document number:	:757177	7	-
5. The name and street address of the c Florida Department of State: (If resign	current registered agent and registered office gned, enter resigned)	on file with	the .	
Becker & Po	liakoff, PA			
625 North F	lagler Drive, 7th Floor			
West Palm B	seach, FL 33401		55 SE	
(if changed): PeytonBolin		gistered offic	SECT THE SECTION -9 PM 1:	
3343 W Comm	P.O. Box NOT acceptable		80	
Fort Laude:	rdale, FL 33309			
The street address of its registered off	ice and the street address of the business o	office of its r	registered agent,	
_	ation duly adopted by its board of directors ation has been notified in writing of the ch			
authorized by the board, of the corpor	ation has been notified in writing of the ch	iange.		
Signature of an officer or director	7/23//2	name and title		
I hereby accept the appointment as re I further agree to comply with the pro performance of my duties, and I am fa	gistered agent and agree to act in this capa visions of all statutes relative to the prope imiliar with and accept the obligation of m led merely to reflect a change in the regist as been notified in writing of this change.	acity. r and compl w position a	is registered	
Signature of Registered Agent	Date	e		
If signing on behalf of an entity:	^ .			
Elizabeth Schlaer Hr Typed or Printed Name	· for Peyton Bolin, PL			

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