

761837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

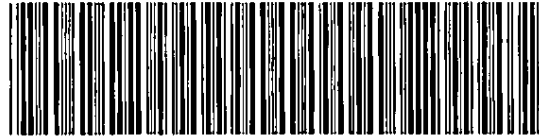
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CLERK OF STATE
TALLAHASSEE, FL

C. GOLDEN

DEC 28 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HYPOLUXO WEST PROPERTY OWNERS ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: 761837

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:

Denise Robbins

Name of Contact Person

Hypoluxo West POA

Firm/Company

PO Box 540812

Address

Lake Worth FL 33454-0812

City/State and Zip Code

selnby@aol.com

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

For further information concerning this matter, please call:

Denise Robbins

Name of Contact Person

at (561) 385-8252

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

October 31, 2018

DENISE ROBBINS
POST OFFICE BOX 540812
LAKE WORTH, FL 33454-0812

SUBJECT: HYPOLUXO WEST PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: 761837

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

The entity's date of incorporation/organization must be listed in the document.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 518A00022512

RECEIVED
2018 DEC 26 PM 4:05
SECRETARY'S OFFICE
TALLAHASSEE, FL

**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: HYPOLUXO WEST PROPERTY OWNERS ASSOCIATION, INC.
2. The principal office address: 4738 Poseidon Place, Lake Worth, FL 33463
3. The mailing address (if different): PO Box 540812 Lake Worth FL 33454-0812
4. Date of incorporation/qualification: 3/4/98 Document number: 761837

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)

Diane Merklein-Lawrence

4869 Poseidon Place

Lake Worth FL 33463

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

Denise Robbins

4738 Poseidon Place

P.O. Box NOT acceptable

Lake Worth FL 33463

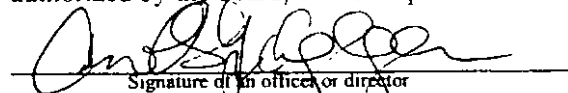
STATE DEPARTMENT OF STATE
TALLAHASSEE, FL

2018 DEC 26 AM 9:20

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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.

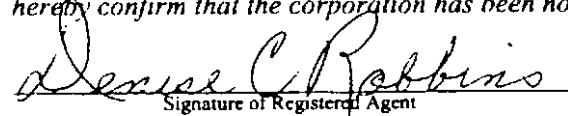
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Carol Giedinghagen

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

10-18-18
Date

If signing on behalf of an entity:

Denise Robbins

Typed or Printed Name

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