

768982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

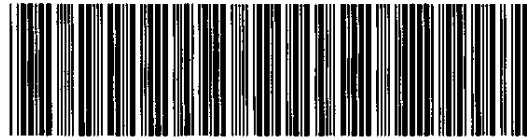
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 SEP -4 PM 2:40

R.A.

SEP -4 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Landings at Aberdeen H.O.A.
Name of Corporation

DOCUMENT NUMBER: 768982

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:

Kristine Elliott, LCAM
Name of Contact Person

Campbell Property Management
Firm/Company

3918 Via Poinciana Dr. Suite #9
Address

Lake Worth FL 33467
City/State and Zip Code

kris@campbellproperty.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kris Elliott, LCAM at (561) 432-2703
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

August 17, 2012

KRISTINE ELLIOTT, LCAM
CAMPBELL PROPERTY MANAGEMENT
2918 VIA POINCIANA DR STE 9
LAKE WORTH, FL 33467

SUBJECT: THE LANDINGS AT ABERDEEN HOMEOWNERS ASSOCIATION,
INC.
Ref. Number: 768982

We have received your document for THE LANDINGS AT ABERDEEN 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 current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 312A00021258

**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 _____

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

1. The name of the corporation: The Landings at Aberdeen Homeowners Association, Inc.
2. The principal office address: 96 Campbell Property Mngmt ; 3918 Via Poinciana Drive, Suite 9 ; Lake Worth, FL 33467
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 6-17-1983 Document number: 768982

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, Core, Fiore + Lemme, PA
Centurion Tower, Ste 701
1601 Forum Place; WPB FL 33401

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

Campbell Property Management and Real Estate, Inc.
3918 Via Poinciana, Suite 9
Lake Worth, FL 33467

P.O. Box NOT acceptable

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.

Harry Feldman
Signature of an officer or director

Harry Feldman VP Landings
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]
Signature of Registered Agent

8-8-2012
Date

If signing on behalf of an entity:

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)