## N01000001469

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cı	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	<u>.</u>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		•

Office Use Only



400113410504

01/17/08---01007---020 \*\*35.00

FILED

08 JAN 17 PH 1:54

SECRETARY OF STATE
ALLAHASSEE, FIRDER

Or or

1 20 014

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Royal Palm PUD RESIDENT'S ASSOCIATION, THE. (Name of Corporation)
DOCUMENT NUMBER: NO 100000 1469
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:
CAARLES N. KASZA (Name of Contact Person)
WINSTON- JAMES CONSTRUCTION, INC. (Firm/Company)
933 BEVILLE ROAD, SUITE 103-F
South Daytons, FL 32119 (City/State and Zip Code)
For further information concerning this matter, please call:
Charles Kasza at ( 386 ) 760- 2555 (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

## 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 <b>FLORIDA</b>	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Royal PALM PUD RESIDENTS ASSOCIATION, INC	P., 48
2. The principal office address: 1166 PELICAN BAY DRIVE,	
DATTONA BRACH, FL 32119	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 2/28/01 Document number: No100000 1469	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	,
BARKIN, MICHELE	
1166 PELICAN BAY DR.	
6. The name and street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) agent (if changed) are changed a	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
CHARLES N. KAGZA	
933 BEVILLE ROSO SUTTE 103-F (P.O. Box NOT acceptable)	
SOUTH DAYTONA, FL 32119	
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.	
Winston J. Schwart - PRES. WINSTON D. SCHWARTZ (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.	
dock of stone 1/14/07	
(Signature of Replaced Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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