N03000002523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Mr. Yu gave permission to list 5245 Whisper Dr as the principal address

AOP
8/5/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ponza Place Homeowners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N03000002523

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:

XUEWEN Yu
Name of Contact Person

Ponza Place HOA
Firm/Company

P.O. Box 6463
Address

Lake Worth FL 33466
City/State and Zip Code

Sherman Yu @ yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

XUEWEN Yu at (561) 357 0807
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

CR2E045 (03/12)

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

1. The name of the corporation: Ponza plaza Homeowners Association, INC
2. The principal office address: 5245 Whisper Dr
   Coral Springs, FL 33067
3. The mailing address (if different): PO Box 64463
   Lake Worth, FL 33466
4. Date of incorporation/qualification: 03/21/2003 Document number: N03000002523
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)
   Barker law firm PA
   400 S. Dixie Hwy, STE 420,
   Boca Reaton, FL 33432

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
   XUEWEN YU
   5245 Whisper Dr.
   P.O. Box NOT acceptable
   Coral Springs, FL 33067

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 — XUEWEN YU, President
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 — 7/28/13
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

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