## N03000010711

•
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
,
(Document Number)
,
Certified Copies Certificates of Status
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C.COULLIETTE

JUL 18 2011

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Abington Woods Property Owners' Association, Inc.  Name of Corporation
DOCUMENT NUMBER: N03000010711.
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:
$\cdot$
Desiree Lindahl
Name of Contact Person
Soundview Property Management
Firm/Company
2061 Indian River Blvd.
Address
Vero Beach, FL 32960 City/State and Zip Code
desiree@soundviewmgt.com  E-mail address: (to be used for future annual report notification)
12-man address. (to be used for future annual report normeation)
For further information concerning this matter, please call:
Desiree Lindahl at ( 772 ) 234-3005
Desiree Lindahl at (772 ) 234-3005  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  Street Address:  Amendment Section
Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stander is submitted for a corporation organized under the laws of the State of $\overline{Fl}$	lorida	
in orde	r to change its registered office or registered agent, or both, in the State of Flo	rida.	
1. The name of	the corporation: Abington Woods Property Owners' Associa	ation, Inc.	
2. The principal	office address: C/o Soundview Property Management 2061 Indian	n River Blvd.	
Vero Beac	h, FL 32960		
3. The mailing a	ddress (if different):		
4. Date of incom	poration/qualification: 12/08/2003 Document number: N0	3000010711	
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the	
	ELLIOTT MERRILL COMMUNITY MGMT		
	835 20TH PLACE		
	VERO BEACH FL 32960	<b>11</b>	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	e 15	
	PAUL PALESTRINI	AM 10: 46	7 2
	2061 INDIAN RIVER BLVD.		E
	P.O. Box NOT acceptable	<b>91</b> (2)	5.
	VERO BEACH, FL 32960	<b></b> .	
The street addre	ess of its registered office and the street address of the business office of its be identical.	registered agent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an or board, or the corporation has been notified in writing of the change.	fficer so	
Signatur	re of an officer or director Printed or typed name and title	;	
Thereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comped I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete performance agent. Or, if this confirm that the	
Deen	7/13/11		
Sig	nature of Registered Agent Date		
If signing on be	half of an entity:		
T	yped 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 \* \* \*