1103459

(Re	equestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	○ #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



600209103726

06/24/11--01021--004 **35.00

TALLAHASSEE, FLORIDA

2111 JUN 24 PM 2: 1

Myon Corr.

COVER LETTER

Division of Corporations						
SUBJECT: The Lakes at the Bluffs Homeowners Association, Inc. Name of Corporation						
raine of Cosporation						
DOCUMENT NUMBER: N03459						
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:						
Elizabeth Bonan, Esquire Name of Contact Person						
Name of Contact Person						
Ross Earle & Bonan, P.A. Firm/Company						
1 min Company						
789 S Federal Highway, Suite 101						
Address						
Stuart, FL 34994 City/State and Zip Code						
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Elizabeth Bonan at (772) 287-1745						
Elizabeth Bonan at (772) 287-1745 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address. Street Address.						
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

TO:

Amendment Section

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 Standard $\frac{Flo}{Flo}$ is submitted for a corporation organized under the laws of the State of $\frac{Flo}{Flo}$ is change its registered office or registered agent, or both, in the State of Flor	orida	's	
1. The name of t	he corporation: The Lakes at the Bluffs Homeowners Asso	ciatior	<u>ı, Inc.</u>	
2. The principal Jupiter, FL	office address: 1165 11 Court			
3. The mailing a	ddress (if different): same as above			
4. Date of incorp	poration/qualification: 06/06/1984 Document number:	N0345	59	
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the		
	Bonan, Elizabeth			
	759 S Federal Highway, Suite 212			
	Stuart, FL 34994	AEC EEC	21	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	AHASSE	in jun 24	Lancer of the second of the se
	Ross Earle & Bonan, P.A.	<u> </u>	PH	
	789 S Federal Highway, Suite 101 P.O. Box. NOT acceptable	GINO.	<u>~</u>	
	Stuart, FL 34994	>>-	eio	
The street addre	ess of its registered office and the street address of the business office of its be identical.	registere	d agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	fficer so		
Harth	MARTHA BROWN Printed or typed name and title	PRESI	DENT	_
I hereby 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 comp d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	olete perj agent. (confirm	formance Or, if this that the	?
Sig	nature of Registered Agent (26/1) Date			
	half of an entity: テル 1. 150 ルA N (

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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